V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (19629
1. PLACE OF DEATH .	Pal !
County Baltmore	Registration Dist. No.
Village or City Coleywelle	NoSt.,St.,St. death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Sacal Garagia	C. O. I
(a) Residence: No. Cochemile	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 26 (Oav) (Year)
5a. If married, widowed, or divorced HUSBANO of	(101)
(or) WIFE of Stephen archust	1932 to Safe 26 ros
6. DATE OF BIRTH (month, day, and year) New .9 - 1854	I last saw alive on Self 26 193 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78 6 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Tell Hemoblegy Oato of oneet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, otc.	Partant Sclomor (uc)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, otc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	and Interspetal of Store OB
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation cocupation	
Bot Co. 1	Other Contributory Casses of importance:
12. BIRTHPLACE (city or town) (State or country)	Wr Erros clorose
13. NAME Un Freeland 14. BIRTHPLACE (city or town) Maryland (State or country)	
14. BIRTHPLACE (city or town) manyland	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Martha Mattheus 16. BIRTHPLACE (city or town) May land	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MASS (Welkus) (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place sorps Vale See 39,193	Nature of injury
19. UNDERTAKER USM - C. Broker Sm	24. Was disease or Injury in any way related to occupation of deceased?
(Address)	If so, specify
101 40 122 B B B B 10 10 10 10 10 10 10 10 10 10 10 10 10	(Signed) O- F Duckey
20. FILEO. N. M. Z.V., 19 1 - U 1 1 2 - 13 - 1 WH	(Address) Teles/ And

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
OCT 8 1937		Name Age and the second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Secretary and the second	-

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09630
1. PLACE OF DEATH	
County Daltinsone	Registration Dist. No. 70 39
Village or City Mendelon	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmos,ds
2. FULL NAME Dora a av	desson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (gwrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Care 29 193	I last saw h? alive on Self 19.32 death is sale
7. AGE Years Months Days triess than 1 day,	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	- Chilera Intantim Date of one of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<i>A</i>
10. Date deceased last worked at this occupation (month and spent in this occupation occupation occupation occupation	<i>b</i>
12. BIRTHPLACE (city or town) Acadesta (State or country)	Dther Coutributory Causes of importance:
13. NAME W. 32 Godeson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externat causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Godenell Date Jest 31937	Nature of injury
19, UNDERTAKER (Address) C. B. Folkstoner (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED left 2 , 19 32 Francis Ot Blake	(Signed) 03 03 03 enson M. E. (Address) Cockers sulls MA
	, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	- 1	Example II	1500
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:	ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		IdaV:35	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Registration Dist. No. St., Woccurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. t., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) (Year 193 193 194 195 That I attended deceased great is the state of
Mard. If monresident give city or town and State MEDICAL CERTIFICATE OF DEATH Month (Day) Month (Day) Met a Mended deceased MEDICAL CERTIFICATE OF DEATH Month (Day) Month (Day) Month (Day) Month Month (Day) Month Month (Day) Month Month (Day) Month Month Month (Day) Month M
ds. How long In U.S. if of foreign birth? yrs. mos. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) (Year 1) HE'RE BY CERT I FY. That I attended deceased in the state of the
Mard. If monresident give city or town and State MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH Month (Day) (Year Month) (Day) (Year 1 H E'RE B Y CERT I F Y That I attended deceased to the state of the sta
MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH Month (Day) (Year Month) (Day) (Year Month) (Day) (Year Month) (Day) (Year (Year A State By CERTIFY That I attended deceased to the second
MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH Month (Day) (Year Month) (Day) (Year Month) (Day) (Year Month) (Day) (Year (Year Month) (Day) (Year (Year Month) (Par) (Year Month) (Day) (Year (Year (Year And (Year A
MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH Month (Day) (Year Month) (Day) (Year Month) (Day) (Year Month) (Day) (Year (Year Month) (Day) (Year (Year Month) (Par) (Year Month) (Day) (Year (Year (Year And (Year A
MEDICAL CERTIFICATE OF DEATH Month (Day) (Year Month) (Par) (P
(Month) (Day) 193 (Year Month) (Day) 193 (Year Month) (Day) 193 (Year Month) 194 (Year Month) 195 (Year Mont
AT LEGIE BY CERTIFY, That I attended deceased 199 to 199 t
AT LEGIE BY CERTIFY, That I attended deceased 199 to 199 t
at sew h. M. alive on
PRINCIPAL CAUSE OF DEATH end related causes of importance e as follows:
PRINCIPAL CAUSE OF DEATH end related causes of importance e as follows:
PRINCIPAL CAUSE OF DEATH end related causes of importance eas follows:
19 march
Thoughtoris inot
Thomas
er Poutsibutory Causes of Importance:
In very caracio
melne (Requirents 100
f f
ne of operation Dete ot
t test confirmed diagnosis? Wes there en eutopsy?
deeth was due to externel ceuses (VIOLENCE) fill in also the following:
dent, sulcide, or homicide?, 19 ere did injury occur?, 19
(Specify city or town, county and State) cify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
ony who chees any or other in the object, in nome, of in rubble PLACE.
iner of injury
ure of Injury
Ves disease or Injury In any wey related to occupetion of deceased?
o, specify 7 P
(Signed) Dowers
(Address) Their Freedon
a if the e

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09632
1. PLACE OF DEATH	
County Dalturisk	Registration Dist. No. 30
Village or City Gelle	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
the state of the s	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Child of William 7	Y Thelina ashby
(a) Residence: No. Olllul	St., Ward.
V (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR FACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White OR DIVORCED (write the Word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
A RATE OF SIDEL (T. H.	Hast sawher alive on Self 11 1982 repath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated/bove, at 2 Am.
1 dayhrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER LELL Butter SAWYER, BOOKKEEPER, etc.	7111111
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Julioun
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year) year)	
200 1 1	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) // Ary Laurel (State or country)	
13. NAME allegin 7 ashty	-
13. NAME Celleaun J. Calby 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Name of operation
15. MAIDEN NAME Clue Moore	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CULA More	Accident, suicide, or homicide? Date of injury, 19
State or country Culture	Where did injury occur?
17. INFORMANT Willemi J. alshly	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manage of Catum
Place Della Cla Date 18 1. 12 19 32	Manner of injury
19. UNDERTAKER Eastow Sous	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Calliand City	If so, specify Clebra N. Die lein A.
20. FILED 19 Registrar.	(Signed) (Address) Plucots City M.D.
If more blanks are needed, dutress Space Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Atteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09633
1. PLACE OF DEATH	(II)
County OSellimin	Registration Dist. No.
Village or City Mmh Ton RFP	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Man gener Man	ie Beale
(a) Residence: No. Moderator RFC	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored OR DIVORCED (write the word)	21. DATE OF DEATH Selv 24 193 2
54. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Roley Beale,	22. I HEREBY CERTIFY. Thet I ettended decesed from
6. DATE OF BIRTH (month, day, end year) Cel 12 1911	I lest sew h. A. elive on Selva 28 19.3 4; deeth is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et
20 11 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Pate or onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et this occupation (month and	O carring
work was done, as SILK MILL, Chromet	
this condition and 1 Shell Ill this	
year) 1432 occupetion 747	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Way land	Osvorelith Capilla
14. BIRTHPLACE (city or town)	Name of operation. Dete of
(State of country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Robert Beale (Address) Wanah Jana Will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & t Joseph Date Cles 1 , 1932	Neture of injury
19. UNDERTAKER Clatinan (Address) hierry mel	24. Wes disease or injury in eny way related to occupation of deceesed?
20. FILED SEM 30, 19.32 BB Barrier. Registras.	(Signed) Benn M. D. (Address) Crepupull

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		H40-1309H Q 430	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

b-b-s	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis Pe	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	A STATE OF THE STA	
	, , , , , , , , , , , , , , , , , , , ,	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County leghans Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? ______yrs. _____mos. _____ds. PHYSICIANS mos. Length of residence in cify or fown where death occurred RECORD. ff nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, 04120 (Month) (Day) (Year) 5a. If married, widowad, or diversed CERTIFY. That/I ettanded deceased from Boud (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the date stated ebove, at d 7. AGE Yaars Months Days If LESS than 1 dey, hrs. Tha PRINCIPAL CAUSE OF DEATH and raleted causes of importance or min. ware as follows: 8. Trade, profassion, or particular CUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ RESERVED may back 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... 11, Totatima (yeers) 10. Data daceased last worked at this occupation (month and spent in this that occupation Other Contributory Causes of importance: tataliers 12. BIRTHPLACE (city or town) ... MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain What tast confirmed diagnosis? Church (State or country) be carefully MOTHER 23. If death was due to external causes (VIDLENCE) fill In also the following: 15. MAIDEN NAME important in OF DEATH 16. BIRTHPLACE (city or town) (Stete or country) Whare did Injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should Very Jourson (Address) f8. BURIAL, CREMATION, OR REMOVAL Menner of injury _ CAUSE mation Nature of injury_____ LION 24. Wes disaese or injury in any wey related to occupation of deceased? f9. UNDERTAKER (Addrass) If so, specify Registrar.

BIND

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of enilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1933 Gastroentcritis 1 uear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	9634
	1. PLACE OF DEA	TH			23	0000
1/	County Balt	imore			Registration Dist. No.	
	Village or City	it. Wils	on		Mt. WIISON Branch	Ward
	Length of residence in c	itu as taun whose	dooth occurred	0	death occurred in a hospital or institution, give its NAME instead of street and Oscillation of the street and	number)
					Born in Hungaria.	osids.
	2. FULL NAME		Bowinke		D h 364	
	(a) Residence: No.	209 на	Zelwood (Usual place		St., Ward. Raspeburg, Md. If nonresident give city or town and	State
sittact	PERSONAL AN	D STATIST		The second secon	MEDICAL CERTIFICATE OF DEATH	Diato
3.		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 9th,	, f93.2
5a	If merried, widowed, or dive HUSBAND of (or) WIFE of		winkelm	an	22. HEREBY CERTIFY, That I attended	
		Too	ly 8th,	1 9 9 7	July 11th, 1932 to Sept. 9th	19.2%
-	DATE OF BIRTH (month, da AGE Years	y, and year)	Days	If LESS than	to have occurred on the date stated above, at 6 . 1 O.A. m.	₹; death is soid
	35	2	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
-	8. Trade, profession, or p	articuler	.!	ormin.	were as follows:	Data of onset
10	kind of work done, SAWYER, BOOKKE	as SPINNER, EPER, etc	Housew	ife	Pulmonary Tuberculosis	May
OCCUPATION	9, Industry or business la work was done, as SAW MILL, BANK,	SILK MILL.				1927
000	10. Date deceased last worked at this occupetion (month and year)					
12	BfRTHPLACE (city or town)	?	ETT (13 T		Other Contributory Causes of importance:	
1.0	(Stata or country)	Hunga			Intestinal tuberculosis	March
ER	13. NAME JOSE	ph Jaku	ım			1932
FATHER	14. BIRTHPLACE (city or to	own)?			Name of operation No operation Date of	
_	(State or country)	Hun	garia		What test confirmed diagnosis? X-ray Was there an a	autopsy? No
MOTHER	15. MAIDEN NAME	Marie W	licha		23. If death was due to externel causes (VIOLENCE) fill in also the following	:
TO	16. BIRTHPLACE (city or to	wn)(nwo	igaria		Accident, suicide, or homicide? Date of injury	, 19
2	(Stete or country)	- 1	1)//	10	Where did injury occur?(Specify city or town, county and Stat	a)
17. INFORMANT Jouis M. Schuerholy (Address) Mt. Wilson, Md.				holy	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL					Manner of Injury	í
Place 26 th 1 / (2 ,1932					Nature of injury	
f9.	UNDERTAKE LISTO	n 100	ripsyll	raugh	24. Was disease or injury in any war related to occupation of deceased?	70
-	(Address) 26 2	arra	ul Rey	10	If so, specify	
20.	FILED.7-/,	102 2	9(g/M	cras	(Signed) Mt. Wilgon Md	M. D.
ij	1111		A Secret Secret	Registrar.	(Address) Mt. Wilson, Md.	

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GRANNS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	IAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEAT Should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.___ (a) Residence: No. (Usual place of abode) If nonre dent give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced BINDIN HUSBAND of 1 F Y_ That i attended deceased from (or) WIFE of 国 6. DATE OF BIRTH (month, day, and year) certificate ; death is said 7. AGE Months Davs if LESS than to have occurred on the date stated above. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular NO RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo back may Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town). plain Name of operation (State or country) carefully What test confirmed diagnosis?_ MOTHER important. 15. MAIDEN NAME ii. 23. If death was due to external causes (VIOLENCE) fill In also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide: (State or country) Where did injury occur? (Specify city or town, county and State) plnoy Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE NOIL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) so, specify (Signed) 20. FILED. Registrar. If more blanks are neglet, adaress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
Run over by street car	4 1
	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	1 year
0	ther contributory causes of importance:

-WRITE

09638

1. PLACE OF DEATH	(46)	
county Baltimore	Registration Dist. No.	
Village or City Reisterstown	NoSt.,W	Vard
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs	ds.
2. FULL NAME Gus Bruchl		
(a) Residence; No. 302 Inain	St Ward.	
(d) Residence: No. (Usual place of abode)	If nonresident give eity or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH	r)
5a. If marriad, widowed, or divorced HUSBAND of	· · · · · · · · · · · · · · · · · · ·	
(or) WIFE of Elizabeth Bruehl	1 HEREBY CERTIFY. That Lattended daceasad to 1932 to 0264. 38 19	-
6. DATE OF BIRTH (month, day, and year) Febr. 14 1867	(fast saw ham aliva on Aught 30 193 2 death is	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, av 2 20 Pm.	
65 7 16 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	neat.
8. Trada, profession, or particular kind of work dona, as SPINNER, Zwerchant SAWYER, BOOKKEEPER, etc.		
SAWYER, BOOKKEEPER, etc. Www.		
work was done, as SILK MILL, SAW MILL, BANK, etc.	Caremona of 27	9.
kind of work dona, as SPINNER, Merchant SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at April 3 this occupation (month and 1931 paper) year) year) 11. Total tima (years) spentin this occupation		
Bollet	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Sugary (State or country) Infaryland		
13. NAME George Thuell 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country) maryeana	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Rebecca Ryaes	23. If death was dua to external causes (VIOLENCE) fill In also the following:	
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
(Stata or country) Maryland	Whera did injury occur? (Specify city or town, county and State)	
17. INFORMANT Svaller Intubargh (Addressy) Butler Ind	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Usbruy Cometery Date Och 1932	Nature of injury	
19. UNDERTAKER 75 mg Berryman Sons	24. Was disease or injury in any way related to occupetion of deceased?	
(Address) Resterction Ind.	If so, specify Ad m leada	
20. FILED 2 pt. 30, 1932 17. 22. Slader	(Signed) Id, M. Blash (Address) Bustislamo	M. D.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:		
		Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
EUREAU V. S				
Other contributory causes of importance:	0	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

V. S. No. 1

1. PLACE OF DEA				Decisionalism Dies at	20	
Village or City_ O		le. Md.		Registration Dist. No.		
			(1)	No. Prospect Ave. St., death occurred in a horpital or institution, give its NAME instead of street at	nd number)	
				ds. How long in U.S. If of foreign birth?yrs	_mosd	
2. FULL NAME				. 9 7 7		
(a) Residence: No.	Prospec	(Usual place	OBTONSV	1130 Ward. If nonresident give city or town	and State	
PERSONAL A				MEDICAL CERTIFICATE OF DEATH		
	or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH SELL Z (Month) (Oay)	, 193 (Year)	
5a. If marriad, widowed, or di HUSBAND of (or) WIFE of Fan	vorced nie Rosa	lie Zel	.1	22. I HEREBY CERTIFY, That I attand		
6. DATE OF BIRTH (month,	day, and year) Aug	ust 6.	1863	I last saw h. Ama aliva on Safr 24 , 193		
7. AGE Years 69	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at		
8. Trade, profassion, or kind of work don SAWYER, BOOKK	particular				Date of ense	
SAWYER, BOOKK		etired.		Down and		
kind of work don SAWYER, BOOKK 9 Industry or business work was done, a SAW MILL, BANY	SILK MILL,			Musi + theresis	- Bays	
Date daceased last we this occupation (nyear)		11. Total ti sper occu	ime (years) nt in this upation			
12. BIRTHPLACE (city or tow	Baltimo	re.		Other Contributory Causes of importance:		
(State or country)		Md.				
13. NAME Dr. E	enjamin	H. Bull				
14. BIRTHPLACE (city or (Stata or country)		7		Name of operation Date of		
(State of Country	arah Jan	nsylvan		What tast confirmed diagnosis? Was thera a		
I		e perry		23. If death was due to external causes (VIOL ENCE) fill in also the foliow Accident, suicida, or homicide? Date of injury		
16. BIRTHPLACE (city or (State or country				Whare did injury occur?	, 17	
17. INFORMANT Mrs. (Address) Pros				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR	REMOVAL			Manner of Injury		
Place Loudon	Park Ce	mdy Ser	t.25,1932	Nature of injury		
19. UNOERTAKER John (Address) 1900	Political S	Meli	sons	24. Was disease or injury in any way related to occupation of deceased? If so, spacify	May	
20. FILED 4/5.1	, 194	Bu	luar	(Signed) / limited Moseum	M.	
160	61	051	A Registrar.	(Addrass) Calousville nu		

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Example I	- li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

N. B.-WRITE PLA. Y, W.

HEALTH DEPARTMENT-CITY OF BALTIMORE

(9640)

XX) CERTIFICAT	E OF DEATH
lANS should statement of	1. PLACE OF DEATH. CITY OF BALTIMORE: (No. Lingston ld - hid	Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Every ICIAN et stat	Leagth of residence in city or town where death occurredyrs	mosds. How long in U.S. If of foreign birth?yrsmosds.
PHYSIC Exact	2. FULL NAME (a) Residence: No. 3 H 3 0 Hila Pelakia (Usuai place of abode)	St., Ward. (If non-resident give city or town and State)
Bed feet	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AC class cate.	3. SEE 4 Color of Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) . W. 103
ed EX operly certifi	5a. If married, widowed, or divorced HUSBAND of Husband Collahan (or) WIFE of Husa Collahan	I last saw h was alive on the 27 192 y death is said
PER state e pr	6. DATE OF BIRTH (month, day, year) 8 8 3 unlessow	to have occurred on the date stated above, at
IS A I	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	The principal cause of death and related causes of importance were as follows:
plied. AGE shouterms, so that it See instructions o	8. Trade, profession, or particular kind of work done, as spinner, which were sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as sitk mill, saw milt, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Chrome fall villa floot District 19 V. June Silutation of Least fig. 18. There contributory causes of importance:
Suppli ain tel	12. BIRTHPLACE (city or town) Solumbry	Chronit Muduon Welrulosis - 1931
UNF fully in pl	13. NAME Richard Callahan	Name of operation
H Urefu TH in	4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?Was there an autopsy?
W. br br ery	15. MAIDEN NAME unleasur	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?
hould OF I	16. BIRTHPLACE (city or town) Buttings (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
PLA ion shou USE OI	17. INFORMANT Seleoser - Still Clerity, (Address)	place.
CCA	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
-WRITE informa state C.	Pinestole (Keelemorie 9 30 32 10	Nature of injury 24. Was excesse or injury in any way related to occupation of
B	19. UNDERTAKER (Address) Company (Address)	deceased? Miliso, specify

Registrar

(Address)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State to

particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Examples:

Example I	0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

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(a) moran 12/3/32	/		0
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U.			

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S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Éxample I	1	Example II	
The principal cause of death and related causes of importance were as follows:	bate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	15/21	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance;	neradah
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPACE F	g and	7	a Table 1
13/4	1 . 20	10 May 1134	124
		111	
10x 50			

sta	1. PLACE OF DEATH	930	146
should of OCC	Village or City Catonser I Ce Apr	Registration Dist. No. Registration Dist. No. Geath occurred in a hospital or institution, give its PAME instead of street and num	Ward
NS		s.13 ds. How long in U.S. If of foreign birth? yrsmos.	
PHYSICIAN ict statemen	2. FULL NAME Yella Coken		
stal	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St	ale
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY. PHd. Exact	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Day)	198 3 (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. JULY 18 , 1951, to Sept 2	ceased from
stated EN properly certificate.	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8.5 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	death is said
pro pro	8. Trade, profession, or particular	were as follows:	Date of onset
be be of	kind of work done, as SPINNER, Monte	Os a	
hould may back	SAW MILL, BANK, etc	Chr. Myocarditis	m
AGE sh that it ons on	10. Date deceased last worked et this occupation (month and year)	Dther Coutributory Causes of importance;	
oplied. AGI erms, se tha instructions	12. BIRTHPLACE (city or town) North Carolina (State or country)	Dillet Controllety Causes of Importance.	170
supplied n terms, ee instru	a man han i Cola	arteris - Scherozia	Jr.
	13. NAME 14. BIRTHPLACE (city or town)	Name ef operation Date of	
y lais	(State of country)	Whet test confirmed diagnosis? Was there an aut	opsy?
ld be carefull DEATH in p y important.	15. MAIDEN NAME Robbeca Rubonston 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State)	, 19
A D.G	17. INFORMANT Home I Clava House	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
_ X	18. BURIAL, CREMATION, OR REGIOVAL Place Q-1- 19-32	Manner of injury	
mation s CAUSE TION is	19. UNDERTAKER Lack Reuris Inc. (Address) 17398 Balta At	24. Was disease or injury in any way releted to occupation of deceased?	20.
T	20. FILED 9/2 193 Registrar.	(Signed) (Hotel Carrella Dis	M. 1
	If more blanks of needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

5	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 0964
1. PLACE OF DE	alt	wo	V	Registration Dist. No.
Village or City_/7	orth o	mis	Real	No. Selvy and St., death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in	city or town where de	Eath occurred	nufa mos	
(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AL	ND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
Tru w	OR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH (Month) (Dey) .193
6. If married, widowed, or div HUSBAND of (or) WIFE of	orced			22. I HEREBY CERTIFY, That I attended decease
6. DATE OF BIRTH (month, da	ay, and year)			I last saw h ative on, 19; deati
7. AGE Years	Months	Days	If LESS than I dey, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or kind of work done SAWYER, BOOKKE	, as SPINNER, EPER, etc n which			still bonjufant
work was done, as SAW MILL, BANK, 10. Date deceased lest we this occupation (my year)	etc	spa	time (years) nt In this	Promature 4 1/2 mo
12. BIRTHPLACE (city or town (State or country)	nort	Pom	v a s	Other Contributory Causes of importence:
TI 13. NAME	Josep	4 Co	mi	
14. BIRTHPLACE (city or (State or country)	own)	tat	m	Neme of operation Date of
œl na	1-110-1	76 Q	edt.	What test confirmed diagnosis?
15. MAIDEN NAME (16. BIRTHPLACE (city or to (State or country)	own B	ieto)	ud	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Man (Address)	yant to	J. Con	ni	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF	John	Daltops	Cini 19	Manner of injury
19. UNDERTAKE (Address)	mical	hal.		24. Was disease of injury in any way related to occupation of deceased?
20. FILE 1 3	1932/1	M. Ke	Registrar.	(Address) All Andrews On 18

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	10 A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Judismany County Village or City Judismany Lungth of residence in city or town where death occurred. Lungth of residence in city or town where death occurred. (a) Residence: No. 2. FULL NAME Lungth of residence: No. Lungth of residence in city or town where death occurred. (b) How long in U. S. if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SELECTION OF ARCE SELECTION OF ARCE	STATE OF I	MARTLAND—	CERTIF	ICATE	DEAT	II file	EA =
Village or City, Baird Rivers Stands on Barried Rivers Stands Research Rese	12 01-	7	139	(16.1)		00	1/20
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. 4. How long in U. S. if of foreign birth? 4. How long in U. S. if of foreign birth? Ward. Ward. Ward. Ward. It is considered give city or town and State. PERSONAL AND STATISTICAL PARTICULARS J. S. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WHOWED, OR WORKER (Willow the Word) OR WOYCED (William the Word) Sa. It married, widowed, at divorced (Wonth) Capable of whole of the word of the date stated above, at	County Wallimore	B.	0. /	10.	_ Registration Dis	st. No	7
2. FULL NAME (a) Residence: No. But and Usual place of abody PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR DR RACE S. SINGLE MARRIED, WHOWAD, OR DYORCED (earlier to word) F. I. I married, widowed, and divorced (ap. Bulle a) F. DATE OF BIRTH (month, day, and year) (files) S. I. I married, profession, or particular SINGLE S. SINGLE MARRIED, WHOWAD, OR DESTRUCTION (April 1984) S. I. Trade, profession, or particular SINGLE S. SINGLE MARRIED, WHOWAD, OR DESTRUCTION (April 1984) S. I. I married, widowed, and divorced (ap. Bulle a) S. Trade, profession, or particular SINGLE S. SINGLE MARRIED, WHOWAD, OR DESTRUCTION (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Mon	Village or City UTird Utiver					stead of street and	number)
(a) Rosidence: No. But (Usual) sec of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON DIVORCED (cente the word) So. If merried, widowed, and divorced (ac) WILE at April (Month) (Day) (Wonth) (Word) 6. DATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERT I FY, That I strended decessed from the word on the date stated above, at the profession, or particular and the profession, or particular and the profession of particular and the par	Length of residence in city or town where death occ	urredyrsmos	ds. Ho	ow long in U.S. if of	foreign birth?	yrsm	10sds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried, widowed, at divorced HUSBAND of John of Jo	2. FULL NAME Mexande	r Kebolar	/				
3. SEX 4. COLOR OR RRACE OR DIVORCED (which word) Martined, widowed, or divorced HUSBAND of Application of Ap		July Sand Sand Sand Sand Sand Sand Sand Sand	ver.	Ward.	If nonresident give	e city or town and	3 State
Sa. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Month) (Day) 5a. It married, victowed, ar divorced HISSAND (Adaptive on the date stated above, at death is said to have occurred on the date stated above, at death is said to have cocurred on the date stated above, at death is said to have occurred	PERSONAL AND STATISTICAL	PARTICULARS	1	MEDICAL CE	RTIFICATE C	OF DEATH	
53. If married, widowed at divorced HUSBAND or HUSBAND of Gar) WIEE at The Profession, or particular kind of work done, as SPINNER, SAVER, BOOKEEPER, etc. 5. In AIDEN NAME 1. In The BRITHPLACE (city or town). (State or country) 1. In BRITHPLACE (city or town). (State or country) 1. In BRITHPLACE (city or town). (State or country) 1. In BRITHPLACE (city or town). (State or country) 1. In MAIDEN NAME 2. In death was due to external causes (VIOLENCE) fill in also the following: 1. Accident, suicide, or homicide? 2. In death was due to external causes (VIOLENCE) fill in also the following: 1. Accident, suicide, or homicide? 2. In Mainer of Injury 2. Married diagnosis? 3. Married diagnosis? 3. Married diagnosis? 3. Married diagnosis? 3. Married diagnosis?		DIVORCED (write the word)	21. DATE (OF DEATH	tember (Manth)	3"	., 1932/
(ar) WIEE of Software Goods and Good	5a. If married, widowed or divorced				(month)	(Day)	(1641)
6. DATE OF BIRTH (month, day, and yea) (little 38 / 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		botan	22.				
T. AGE Years Months Days If LESS than 1 day, Introduction of particular or min. The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causos of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were asygnilows: The PRINCIPAL CAUSE OF DEATH and	0/2	2 189 2					
State or country Stat		, ,					; death is sald
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOKKEPER, etc. SAWYER, BOKKEPER, etc. SAWYER, BOKKEPER, etc. SAWYER, BOKKEPER, etc. SAWYER, BOKKEPER, etc. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Sepent in this occupation (month and year) 11. BIRTHPLACE (city or town) State or country) Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER Specify and Manner of Injury Nature of injury 19. UNDERTAKER Specify and Manner of Injury Nature of injury Specify and Manner of Injury Specify and Manner of Injury Specify and Manner of Injury Nature of injury Specify and Manner of Injury Nature of injury Specify and Manner of Injury Specify	7 Q 4 X		N CONTRACTOR OF THE PARTY OF TH				
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Other Contributery Causes of importance: 12. BIRTHPLACE (city or town)	- I this occupation (month and	spent in this					
13. NAME 14. BIRTHPLACE (city or town)	10	ia	Other Contribut	tery Causes of impor	tance:		
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18. BURIAL, CREMATION, DR REMOVAL Place Conserved Ind. Com. Oate Left: 7, 19:3 Nature of injury 19. UNDERTAKER John Stebleauches (Addiess) 423 - Vaca St. 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) Jacoby Lallow Colomania		Serve	Specify whether	r Injury occurred In	INDUSTRY, in HOME	, or in PUBLIC PL	ACE.
19. UNDERTAKER John Sicbleauches (Addiess) 423 J. Paca Jt. 20. FILEO Jept. 6, 1932 Juny 5. Cornelly (Signed) Jacob Hallman Colomans	18. BURIAL, CREMATION, DR REMOVAL	N . / =	Manner of Inju	ry			
(Addiess) 423 J. Paca St. If so, specify 20, FILEO Left. 6, 1932 Stry 5. Comelly (Signed) Jacoby Hallman Colomano	Place Russia and One Oate	Left: 7,19.3	Nature of injury	y			
20. FILEO Lept. 6 1932 Slory S. Comelly (Signed) Jacoby Hallman Colomano		eauchas	-	or injury in any wa	y related to occupatio	on of deceased?	
20, FILEO 2407	(Address) (423 0-1 ac	a fr.		Tacolo 1	11)-11	P	t ma all
	20. FILEO dept. 6, 1932 try.	1. Commelly Registrary	-1	dress) Sten	nners	Run	COPPLIN D

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stutionary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planto: tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farying Que state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never returu "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) or given up ou account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been chauged to report specifically the occupations of persons en-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Correly ospital fever (the only definite syuonym is "Epidemic correly"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"):

inges, peritonacum, ctc., Carcinoma, Sarcoma, etc., of (name origin; "Caucer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 de.; Bronchopncumonia (seconduse of "Tumor" for malignant neoplasms); Measles; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Iuauition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemor symptomatie), "Atrophy," "Collapse," stated unless important. Chronic interstitial nephritis, etc. quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: takeu. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under "Puerperal septicacmia," "Puerperal peritonitis," etc. "Uraemia." "Weakness," etc., when a defiuite disease vulsions." (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; Nonumelature of the American Medical Association.) ment of cause of death approved by Committee on of "contributory." (Recommendations ou state-(e. g., scpsis. tctanus) may be stated under the "Debility" Accidental drowning; Struck by railway Never report mere symptoms or terminal ("Cougenital," "Senile," etc.) Example: Meastes (disease Always qualify all The contributory "Coma," (merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09647
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 33
Village or City Cowings mills, Ind	No. Rosewood State Trummy Schoolwar
Length of residence in city or town where death occurred 39 yrs. 2 mo	If death occurred in a hospital or institution, give its NAME instead of speet and number) s
2. FULL NAME Ada Eggerton (a) Residence: No. 17 Chesthut ave Baltin (Usualplace of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) ringle	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. April 26 1932 to Sept 19, 193
6. DATE OF BIRTH (month, day, and year) March 13, 1881	I last saw her alive on Sept 19, 1912; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:36 p.m.
51 6 7 1 day,hrs.	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, In mat. State Sinting	1 Pulmonery Tuberculosis 7/5/2
SAWYER, BOOKKEEPER, atc. Industry or business in which work was done as SIIK MIII	With secondary anemia. 4/26/3
	-
O 110. Oata deceased last worked at this occupation (month and Nurse yaar)	
12. BIRTHPLACE (city or town) Baltimore, and. (State or country) Hampden.	Other Cuatributary Causes of importance:
13. NAME Charles Excerton	
14. BIRTHPLACE (city or town) Baltimare, nd. (Stata or country)	Name of operation Zone Date of What tast confirmed diagnosis? Linux Dator story Was there an autopsy? Z
15. MAIDEN NAME Thany E. Thank	23. If death was due to axternal causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Baltimare, md. (State or country)	Accident, suicide, or homicide? ZC2. Date of injury. 19
17. INFORMANT Justitution records (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Reserved 6 me. Oate Sept 20, 1932	Manner of injury
19. UNDERTAKER It I line + Sons (Address) Rustinatown Mid	24. Was disaasa or Injury in any way related to occupation of daceased? No.
20. FILEO SEPT. 19, 1932 H. T. Slade.	(Signed) Transle Negree M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting & S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
N 11000	Other contributory causes of importance:	
May 1,1925	Gastroenterus	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

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Example I	Example II	eath and related causes Date of onset		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WHEELU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH County of certificate. **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS S HINGLE, MARRIED, WIDOWED 3 SEX 4 COLOR OR RACE on back (Write the word) 6 DATE OF BIRTH See instructions (Month) (Day) (Year 7 AGE IIf LESS than I day hre ds. or min. mos. 8 OCCUPATION (a) Trade, profession or particular kind of work Important. (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country) TO THE BEST (Informant

Registra

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Baitd., Requesting V. S. No. I

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) (If death occurred in a hospital or institu-tion, give its NAME instand of street number.)

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH eptember 16 , 1932 (Month) (Day) (Year)	
17 I HEREBY CERTIFY, That I attended the deceased from	-
My 20 1928. 10 Dell-16 , 1923	3
that I last law h M alive on Sehr 15 1923	.3
and that death occured on the date stated above, at 304.	rs.
The CAUSE OF DEATH * was as follows:	
1 year	-
Potient Ednidden for several months. Fromtune	
occured while patient was protection? / you	
Contributory fractured fames of	
English purantien	*44
(Duration) yrs mos O	le
(Signed) Dury need M. I dept 17 19232 (Address) They will will	
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transents or Recent Residents)	
At place In the of death yrs mos ds. State yrs do. ds.	ı
Where was disease contracted, if not at place of desth?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL	-
Loudon Jack best 19 2. 3	2
20 UNDERTAKER ADDRESS, A	

S.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g.. Parmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physicion, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. ployed, as At school, or At home. Care should be taken household only (not paid Houscheepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At yrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) Solesmon. (b) sonem, (b) Automobile factory. The without more precise specification as Doy Home, and children, If the occupation has been changed Laborer-Coal mine, etc. not gainfully emmaterial Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "phoid fever (never report "Typhoid Pneumonia"); "obar pneumonia, Bronchopneumonia ("Pneumonia");

"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, telamus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or misearriage Whooping approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory affection need valvular The niture of the injury, heart not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

te t-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09650
state UPA-	1. PLACE OF DEATH	(20)
s and head	County Daltemots	Registration Dist. No. 30
= -	Village or City Consielly of	rese Trove of ospelation, Ward
.=		death occurred in a horpital or institution, give its AME instead of street and number) / Z ds. How long in U.S. If of foreign birth?
Every CIANS Sment	2. FULL NAME Margaret & Gi	
	92501101	St. Ward Bolto med
RECORD. PHYSI Exact stat	(a) Residence: No. 44 49 (Usual place of abode)	If nonresident give city or town and State
PHY act si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ZX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
MANENA ACTL assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
RMA X A class	single ,	Nov. 21" 1931, to Lept 2", 1932
	6. DATE OF BIRTH (month, day, and year) May 7/1869	I last saw here alive on Sept 9450, 1932; death is said
	7. AGE Years Months Days If LESS tifen 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
IS A stated proper	63 3 26 or min.	were as follows:
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	Entaro- Coletro- 260kg
E E	work was done, as SILK MILL, SAW MILL, BANK, etc	
E E TO	this occupation (month and spent in this occupation occupation	-111-
NFADING plied. AGl rms, so tha instructions	12. BIRTHPLACE (city or town) Baltenore	Other Contributory Causes of importance:
ADIR d s, so ructi	(State or country)	Hypostate merenenia 2 day
UNFA supplied n terms, ee instru	13. NAME David Gibson	//
	13. NAME David Tiber	Name of operation
ully plai	(State of country)	What test confirmed diagnosis?
Y, WITI carefully H in pla ortant.	W 15. MAIDEN NAME LEVELY	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
INLY, be can EATH import	5 16. BIRTHPLACE (city or town) Beltweys (State or country)	Where did injury occur?
	17. INFORMANT Mus aRBoone (Sister	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
E 60 .2	Place Believe E Date Link 6, 19	- Nature of Injury
WRITE mation s CAUSE TION is	19. UNDERTAKER JULY TOST	24. Was disease or injury In any way related to occupation of deceased?
HOH	(Addiess)	If so, specify 6
- P	20. FILED 6/3 19. Handin	(Signed) VLOCAS . Garage M. C.
Z	A Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1932	July 5,1927	Peritonitis	3 days ago
	RUREAU V. 6			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

104	(95-5)
Vinnore ,	Registration Dist. No. 4
ong Beach (B)	engles St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
or town where death occurredyrs	mosds. How long in U.S. it of foreign birth?yrsmosds.
illiam H. Tebs	on
Long Beach	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
or pace 5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word	
the Gibson	22. I HEREBY CERTIFY, That I attended deceased from
1000	, 19, to, 19, 19
nd year) Lecember 4-188	was districted by the state of
Months Days If LESS that	hee
9 40 or min.	THE FRINCIPAL CAUSE OF DEATH and related causas of importance
SPINNER, Some and State	acute Cardiac Facture
R, etc. Jeneral Hore	ucule Cardiac Vallure
K MILL,	
d at 11. Total time (years) and spent in this occupation	
0 04 0 6	Other Contributory Causes of importance:
Ballimore County	
Fl.P.	
J. Juson	
) Unkanown	Name of operation
H . 117	What test confirmed diagnosis? Was there an autopsy?
therine Hyer	23. If death was dua to external causes (VIOLENCE) fill in also the following:
) Unknown	Accident, suicide, or homicide? Date of injury, 19
	Where did Injury occur?
a Tibson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
10VALO TOTAL PH 11 =	Manner of injury
Date 19	Nature of Injury
ek Zapapano mo	24. Was disease ar injury In any way related to occupation of deceased?
Relair (Mad	If so, specify
3~ John G-Come Ol	(Signed) facolo Nallmayloroner M.D.
Registra	(Address) Themmers Orum

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Example I The principal cause of death and related causes Date of onset			Example II			
		Date of onset	The principal cause of death and related cause of importance were as follows:			
Arteriosclerosis	OCT 6 1932	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	BUREAU V.	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	ACTUAL A	July 5,1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

If more blanks are seeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	il i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE ()E	MADVI	AND-	CERTIFI	CATE	OF	DEA	TH
SIAIL	JF	MARIL	ANU	CERIII	CAIL	Ur	UEP	(I H

1. PLACE OF DEATH	69653
County Baltiment	Registration Dist. No. 33
Village or City Reisterstown Mol	No Rusch Atome for Constant Summer death organization institution, give it NAME instead of street and sumber
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mrs. Celia Gold	berg
(a) Residence: No. 1620 N - Dantalow (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 12, 193 32 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Harry Goldberg	22. I HEREBY CERTIFY, Thet I attended decessed from March 15, 1931, to Sept 12, 19.3.
6. DATE OF BIRTH (month, day, and year) Mar. 14 190	l last sew h
7. AGE Years Months Deys If LESS than 1 dey, hrs. or min.	to have occurred on the dete stated above, et
8 Trade profession or particular	Pulmenary Tulorcular
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceesed lest worked et this orgunation (month and described in this programme) in this	
10. Dato decessed lest worked et this occupation (month and dan193) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Russian (State or country)	Other Contributory Causes of importance:
13. NAME Samuel Goloskove	
14. BIRTHPLACE (city or town) Russia	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Judith Sumon 16. BIRTHPLACE (city or town) Dussia	23. If death was due to externel causes (VIOLENCE) fill in also the following:
[State or country)	Accident, suicide, or homicide?
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE TO THE Dete Longology 1932	Menner of Injury
19. UNDERTAKER Jun Kuno Smith (Address) 1439 8. Balto J.	24. Wes disease or Injury in any way releted to occupation of deceased?
20. FILED DE 12 14, 1972 N. M. Boods	(Signed) albert 7. Shrier M. D. (Address) Reisterstown Md
Kegistrar.	" (noutross)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		265T 0 1300	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

THE RESERVE OF THE PARTY OF THE		

1. PLACE OF DEATH		CERTIFICATE OF DEATH
County Golto	* * · · · · · · · · · · · · · · · · · ·	Registration Dist. No. 33
Village or City Query Mil	4	No. 3 St War
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsd
2. FULL NAME Forish &	Danut.	
(a) Residence: No. Quinces	Mills	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
smale White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERT! FY, That I attended deceased from 19
5. DATE OF BIRTH (month, day, and year) Fel	5. 1861	I last saw h alive on, 19, 19, 19; death is sai
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
71 6	28 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Cestoval Stewarding
9. Industry or business in which work was done, as SILK MILL. Hous SAW MILL, BANK, etc.	hue 1	J
SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	Q	
(State or country)		
13. NAME Jam Dongs 14. BIRTHPLAGY (city or town) Suma		
14. BIRTHPLACT (city or town)	ny	Name of operation Date of
(State of country)	/	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mohrow 16. BIRTHPLACE (city or town) Simas (State or asserting)		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	ry	Accident, suicide, or homicide? Date of Injury, 19,
(State or country)	40	Where did Injury occur?
7. INFORMANT Mus Mm. He	ller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Querray Mul	u ma	
8. BURIAL, CREMATION OR REMOVAL Place St Thomas Con D	ne Syst 3 , 19 32	Manner of InjuryNatura of Injury
9. UNDERTAKER F. F. & line & (Address) Printerstour 9	Sons	24. Was disease or injury In any way related to occupation of deceased?
0. FILED 34/1 19 32 7	N. M. Slade	(Signed) N. M. Slade M. E

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCI > 1932	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

PHYSICIANS Exact statement RECORD. Every stated EXACTLY properly classified. A PERMANE See instructions on back of certificate. WITH UNFADING INK-THIS pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY m

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09656
1. PLACE OF DEATH	93-0
County 3 Milmore	Registration Dist. No. 40
Village or City 7 n/R	No. St., Ward
Length of residence in city or tayin where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in M. S. if of foreign birth?
2. FULL NAME OF Amo # N So	such
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Control the word)	21. DATE OF DEATH
5d. If married, widowed or divorced HUSBAND of	(Month) (Day) (Year)
GOT WIFE OF COLUMN IN DOWNICK	22. HEREBY CERTIFY That 1/attended deceased from
6. DATE OF BIRTH (month, day, and year) Qua 28 1846/	I last saw h alive on Self 7 183 3 death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
86 1846 aug 289 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.	
A lindustry or business in which	Chronic murearditio 1977
work was done, as SILK MILL, SAW MILL, BANK, etc.	12
10. Date deceased last worked at this occupation (morn) and year)	
2 of Harried Ca	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or codory)	
13. NAME UMM M XOSUCH	
13. NAME 114. BIRTHPLACE (city or town) 114. State of the city or town) 115. The city of the city of town 115. The city of the	Name of operation Date of
(State of conuty)	What test confirmed diagnosis?
15. MAIDEN NAME HOLDS HENDERSON 16. BIRTHPLACE (city or town) 14.4	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
James & hancele la	Where did injury occur? (Specify city or town, county and State)
17. INFORMAND	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Plate /19	Nature of injury
19. UNDERTAKER GULLIMAN	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Registrar.	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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1	Example II —	
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	· (10/11=1	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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Example I	THE PERSON NAMED IN COLUMN 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUSEAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NENT RECORD WRITE PLAINE, WITH UNFADING INK--THIS IS A PER

MARGIN RESERVED FOR BINDING

V. S. No. 1

11	PLACE OF DEATH	STATE OF MARYLAND
	County Baltimore	CERTIFICATE OF DEATH
	County / Cultury 9	
	North Point	Registration Dist. No. 41
V	2FULL NAME Elizabeth Irene Gr	Coint Coad. St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 17. , 1922 2 (Month) (Day) (Year)
6	DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
	April 10 . 1897	Jeph 13 1932 to Sept 1, 19232
1	/ (Month) (Day) (Year)	that I last saw he alive on
7	AGE If LESS than	and that death occurred on the date stated above, at 10.32 H.m.
	35 yrs. 4 mos. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
	OCCUPATION	Chime Surroud
	(a) Trade, profession or particular kind of work	2.1
	(b) General nature of industry business, or eatablishment in	
	which employed or (employer) dress making	(Durstion)
9	BIRTHPLACE (State or country) Bart h.	Contributory Secondary
1	10 NAME OF	Dyration) yrs. ds.
	FATHER O. Malter Green.	(Signed)/8 1928 2 (Address) 15 20 6 . 3 3 5
L Z	OF FATHER (State or country) Balta ha Mid.	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ARE	12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the State vrs mos ds State vrs mos ds
1	(State or Country) / Falts les Med.	Where was disease contracted.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Il not at place of dea.h?
	(Informant) Mrs. Mary itzill	usual residence
	(Address) North Pochet Pora Fear Spannes PHon	Datchaun Cemeling Subst 19. 32
13	Filed 9/18/3 V 192 MMCarine	Hulkes Hones Jue Hat Al Proadway
-	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-laborer, Form laborer, Laborer—('oal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationory freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive whatever, write Nonc. Howemuid, etc. If the occupation has been changed to report specifically the occupations of persons Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospinal fewer (the only definite synonym is "Epidemic cerebrosqinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stited unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qu lify all "Transition," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The n ture of the injury occident; Revolver wound of head-homicide; Poisoned by American Medical Association.) danus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) for malignant neoplasms); Measles; and consequences (e g., sepsis, valvular heort disease; etc. The contributory affection need

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46)
County Baltmore	Registration Dist. No. 45 Dist
Village or City Scenarios Point	No. A + 1 - 18
Length of residence in city or town where death occurred 3 & yrsmos	f death occurred in a horpital or iostitution, give its NAME instead of street and number) s. ds. How long In U. S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Mys Lunga Virginia	Green
(a) Residence: No. Shimus Print A.F.	X St. O Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 193 2 (Month) (Day) (Year)
5a. If married, widowed, or diversal HUSBAND of (or) WIFE of WMJ Gran	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 22 1869	I last saw here alive on Seht 19th 1972; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5 Pm.
62 62 115 27 1 day,hrs.	mers as fullows.
& Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Cearemonne Stomuch aug 193
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and	
this occupation (month and 15 1932) spent in this 38 occupation 38	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Volcepses Mech	Other Conditions Cases of Importance:
(State or country) Pailhour, Q.	
13. NAME Jueob Schurck	
13. NAME Jacob Schunek 14. BIRTHPLACE (city or town) Balture City	Name of operation. Dete of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Laura V. Walls 16. BIRTHPLACE (city or town). Partture	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)/ Outlier (State or country)	Accident, suicida, or homicida?
Me of County)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS Muy Fuzell (Addrass)	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL SALT 21 3V	Mennar of Injury
Place Data Steffs 71, 19	Natura of injury
19. UNDERTAKER tughe Hone cline (Addrass) 420 / Compare Sura	24. Was disease or injury in any way related to occupation of decaasad?
20. FILEO 9/21/325 AMOUNTERESTA	(Signat) tracing le Eldred M. D. (Address) Shurrynis Dont Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimoze, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILEO 0 1 . 10 , 1932

should state

of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	9660
1. PLACE OF DEATH		20	•
County Balls.		Registration Dist. No.	4
		0-1:10 4	Mard
Village or City Cossex		No. Atellise altra Cort. St., f death occurred in a hospital or institution, give its NAME instead of street and n	ward (
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth? JO yrsmo	s ds.
2. FULL NAME Kumi	aunda	Hagen'	
CT '00	anti Core	St., Ward.	
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, R/DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 2 (Year)
5a. If married, widowed, or divorced			
(or) WIFE of Corrad	Hagen	22. HEREBY CERTIFY. That I attended	deceased from
	1 100	1937 to regar. 0	19
6. DATE OF BIRTH (month, day, and year)	4, 1800	112	; death is said
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance	
76 10	or min.	wera as follows:	Oate of onset
8. Trada, profession, or particular kind of work dona, as SPINNER,	6.00.0010	THO MADE	1.18111
SAWYER, BOOKKEEPER, etc.	ouser je	Hulleroney publication	19311.
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this accuration (month and			
10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
		Other Coutributery Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	and	Luliuman Herran Range	9/2/82
	~~~//-		
13. NAME  14. BIRTHPLACE (city or town)		Name of according Rebuilt of Date of	
4 14. BIRTHPLACE (city or town) (State or country)		Name of operation.	200
	7	what test commined diagnosis:	
15. MAIOEN NAME Zunk	mon	23. If death was dua to external causes (VIOL ENCE) fill incase the following	
16. BIRTHPLACE (city or town)		Accident, sulcide, or homicida?	, 19
(State or country)	any	Where did Injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT Condien	Hagfin	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
. (Address) Stillwater	- /to-ad.	-	
18. BURIAL, CREMATION, OR REMOVAL	Sept 10 .32	Manner of injury	
Place 0	10	Nature of injury	240
19. UNOERTAKER PLANTY J- C	somelly	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) trace	Vradit	If so specify	

Registratr.

(Signed)

(Address)

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsot
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of-work done.
9.—The industry or business in which the work was done.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURFAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03002
1. PLACE OF DEATH	(47)
County Baltomore	Registration Dist. No. 938
Village or City Jouson	No. St Ward
Length of residence in city or town where death occurred 7 yrs 5 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME MC/Kinley Benjaman	11 10
10/16 / 60	
(a) Residence: No. 100 Cast Simulation (Usual place of a Jode)	St., Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write they word) Male Mary P. A.	21. DATE OF DEATH 3 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Mønth) (Day) (Year)
HUSBAND OF Edith Graff Hamilal	22. I HEREBY CERTIFY. That I attended deceased from 1932, to 1932
6. DATE OF BIRTH (month, day, and year) May. 18, 1901	I last saw h sur alive on Alor 3 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trada, profession, or particular	Date of onest
S. Irada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at this pecua	Agreoma + Tulmonary) wills.
Q. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and yaar) All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all and yaar All all all all all all all all all all	
A W : A A A B C	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Color (State or country)	
	,
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Late of Date of
(State of country)	What tast confirmed diagnosis? Yay - Was there an autopsy?
15. MAIDEN NAME Leva Schulty  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?, 19,
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT achsorell mol.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Blenhum Oate Sept 6 1993	Nature of injury
19. UNDERTAKER John Ours + Sm.	24. Was diseasa or injury in eny way related to occupation of deceased? WO
20. FILED Sept. 5 , 1982 And Buth	(Signed) Super Green M. O.
To more blanks are add all Sing B	(Addréss) Sow ou Sou
15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1.61.60

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

should state of OCCUPA-

STATE OF	MARYL	AND-	-CERT	<b>IFICA</b>	TE	OF	DEATH
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6.	62	1	1	3
U	J	U	J	U

1. PLACE OF DEATH	(20)
County Ballo,	Registration Dist. No. 3
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
0'11' 111 1'	gs. now long in 0.5.11 of foreign biffit?yrsmosgs.
2. FULL NAME William of Naidin	J
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. If married widowed as divorced.	21. DATE OF DEATH Supply (Dey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO of (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO or (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO OR (or) HUSBANO O	22. I HEREBY CERTIFY. That I ettended deceased from  28, 1932 to Seff 24, 1932  I last saw how alive on December 1, 1932 deeth is said to have occurred on the dete stated above, at 50 m.  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as tollows:  Outcome  Outcome  Outcome  Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL	Name of operation  Whet test confirmed diegnosis?  23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNOERTAKER Thomas & Kultury St Balls Inf (Address) /3 C.3 Printing of Balls Inf 20. FILEO 9/24, 1932 H. 2 Shiple Registrar.	Neture of injury  24. Was disease or injury in any way releted to occupetion of deceesed?  1f so, specify  (Signed)  (Address)  (Address)

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

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Example II Example 1 of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Sonolslones	25.61,1 yaM	Gastroenteritis	I year
Other contributory causes of importance:		Other contributory causes of importance:	
Cerebral hemorrhage	1261,8 ylul.	Perionitis silinoiris	obv shop g
Chronic interstilial nephrilis	1261	Hun over dis street ear	I week ago
Arteriosclerosis	2161	is a first of a family.	ा फल्लू वर्ष
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Jazno lo ased

# HEALTH DEPARTMENT—CITY OF BALTIMORE

10 1	CERTIFICAT	TE OF DEATH	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
men	1. PLACE OF DEATH Parkille		Registered No. 38
statem	CITY-OF-BALTIMORE: (No.	Ward)	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Exact	Length of residence in city or town where death occurredyrs	.mosds, How ions in U. S. If of fore	
නි	2. FULL NAME IN A Wess -	- Otllborn	
iffeg.	(a) Residence: No. 21 Lun Gausse.  (Usual place of alfolie)	St., Ward. (If non-resider	nt give city or town and State)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
ćij	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, yes	ar) , 19 at I attended deceased from
proper of certif	5a. If married, widowed, or divorced	9/3/1997/10	9 / 3 1932
	HUSBAND of (or) WIFE of	I iast saw held alive on Attleto	Oral Death is said
ay be	6. DATE OF BIRTH (month, day, year) 9/3/3V	to have occurred on the date stated above	
it may s on ba	7. AGE Years Months Pays If LESS than 1 day,hrs.	The principal cause of death and related ca	Date of enset
	ormin.	(masserates	A)
so that	kind of work done, as spinner, sawyer, bookkeeper, etc		
s, s	9. Industry or business in which work was done, as silk mill,		
terms, See in	saw miii, bank, etc.  10. Date deceased last worked at this occupation (month and year).  11. Total time (years) spent in this occupation	Other contributory causes of importance:	
plain tant.	12. BIRTHPLACE (city or town) Balte Co - (State or country)		
H in	E 13. NAME Larly Louis Nass -		
Him	ii. BIRTHPLACE (city or town) Balts Co	Name of operation	
A V	(State or country)	What test confirmed diagnosis?23. If death was due to external cause	
F.	15. MAIDEN NAME Forences to love Herater	iowing: Accident, suicide, or homicide?	.Date of injury 19
ION	16. BIRTHPLACE (city or town)   Ball Size To The State or country)	Where did injury occur?(Specify Specify whether injury occurred in it	city or town, county, and State)
CAU	17. INFORMANT	place	
state	(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
sta	Protote Department of Health. Date Deptember 3rd, 1932.	Nature of injury	
	19. UNDERTAKER CLOS Robers Street.	24. Was disense or injury in any way r	elated to occupation of decensed
CEI	20. FILED	(Signed) Street 2	That Chell J. M. D

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Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	100
CADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	••

MARGIN RESERVED FOR BINDIN

# STATE OF MARYLAND—CERTIFICATE OF DEATH 09604

1. PLACE OF DEATH	
County Ballimore	Registration Dist. No.
Village or City Ofmensers Sla	No. St., Ward
(If Langth of residence in city or town where death occurredyys,mos	death occurred in a hospital or institution, give its NAME instead of street and number)
D 1 1/1 / . w	1 (8 N/m) NOO
2. FULL NAME Baby Sladys !!!	ap Number 1
(a) Residence: No. A sale Could (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 9 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HE'REBY CERTIFY, Thet I ettended deceesed from
0.000	, 19, to, 19,
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said to have occurred on the date steted ebove, atm.
1/ 9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ware as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	In 19 hi Tia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month end	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month end spent in this occupation coupation	
-12 14-	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) 62 (State or country)	
13. NAME DONAS DE HILL	
13. NAME Store & Dunkley 14. BIRTHPLACE (city or town)	Name of approximation
14. BIRTHPLACE (city or town) (State or country)	Nama of operetion Date of Whet test confirmed diegnosis? Was there an eutopsy?
IS. MAIDEN NAME Sylvices Hill	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Subvices Hill  16. BIRTHPLACE (city or town) U.4.	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Betrice Hell (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece / exal Mix Date 7/10/3279	Neture of Injury
19. UNDERTAKER John Connelis.	24. Was diseasa or Injury in any way related to occupation of deceased?
(Address) Sales man	If so, specify
20. FILED SALO 193 Stry 5 Complex Register	(Signad) Tederick Halana, Coronald (Address) Denulalk Mal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A SUMMAU VI			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

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there car illegitimate - date of blitte a	BA-18-1932 0
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PLACE OF DEATH	STATE OF MARYLAND
County Baltemore	(93-6) CERTIFICATE OF DEATH
	7/
1 101 11.1	Registration Dist. No.
Village or City Junally (No	Ward) a hospital or institute
n. 1/4	tion, give its NAME in -
2FULL NAME Musice V VTC	llull stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
MARRIED,	16 DATE OF DEATH 14 1032
Amale Aute OR DIVORCED Vidos	, 192
	(Month) (Day) (Year)
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
april 3, 184	7 192
(Month) (Day) (Year)	that I last saw her alive on Jeft 3, 1923 2
AGE [If LESS tha	in and that death occurred on the date stated above, atm.
I dayhr	
0 yrs. mos. // ds. or min.	2
OCCUPATION (a) Trade, profession or	Senity
particular kind of work	. Chronic myos stalitis, Cule R
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)
BIRTHPLACE	Secondary Contributory
(State or country)	(Duration) vie mos ds.
10 NAME OF	SAL B. Titl
FATHER Mury Lenge	(Signed) Variable Survey M. D.
11 BIRTHPLACE	Sept 14 1923 2(Address) 3/1 S. Highlanda
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
OF MOTHER HARMOND	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmoads. Stateyrsmoads.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
ma 1/1/	Former or
(Informant) / aug V. Hesper	usual residence
was Independ hem true the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / TUDIAM (Address)	Campon Centry HAT / , 1932
Filed 9 14 1 3292 / mlaren	20 UNDERTAKER ADDRESS
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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more present in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, can be ascertained as the cause. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (secondary or intercurrent) affection need Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage Committee on Chronic " "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTL properly classified. WITH UNFADING INK-THIS IS A PERMAN TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (196)	GG
1. PLACE OF DEATH	(131)	
County Sallyrian	Registration Dist. No. 38	
Village or City Parksille	No Severley Live . St., f death occurred in a horpital or institution, give its NAME instead of street and nu	Ward
	ds. How long in U. S. it of foreign birth?yrsmos.	
2. FULL NAME Virginia Q. M. Di	lyard	
(a) Residence: No. Deverley ave.	O.St., Ward.	
(Ugas place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S	tate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 8	193-7
5e. If married, widowed, or divorced HUSBAND of J	(Month) (Day)  22. I HEREBY CERTIFY That Lattended de	(Year)
(or) WIFE of Leange Hillyand	,1929 , to Sight 8	., 1937
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	-0	death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	
al C Trade profession or profession of		Date of onset
9. Industry or business in which	The interditant replants	mar lo
work was done, as SILK MILL, Olver home	+ asimoscuerosso	1.447
10. Dato deceased last worked et this occupation (month and speed) 11. Total time (years) spent in this year) occupation		
12. BIRTHPLACE (city or town) Wilmington	Other Cantributory Causes of importance:	
(State or country) alelbarrare	Traemia	9/7/28
13. NAME Kuknown		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of	
	What test confirmed diagnosis?	lopsy?
15. MAIDEN NAME Unfanour  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	, 19
X (State or country)	Where did injury occur?	
17. INFORMANT Seonge Helyand (Address) Parkfille	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Zoudes O. T. Date 7/10, 1932	Nature of injury	
19. UNDERTAKER W. Cook. (Address) 1217 St. Paul St.	24. Wes disease or Injury In any wey related to occupation of deceased?	10.
20. FILED 9 / 9 , 1932 1 & M. Bacon. Registrar.	(Signed) J. J. Bacow (Address) Parkeulle III	M. D.
A(g)niar,	(	

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Example 1		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GHAISON	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B ż

STATE OF	F MARYLAND—	CERTIFICATE OF DEATH	666
1. PLACE OF DEATH		95-8)	3000
County Dallon		Registration Dist. No.	8
Village or City Larken	elle	No	Ward
Langth of rasidence in city or town where daa  2. FULL NAME		death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. If of foreign birth?yrs	
1091	ganaro (	LISTE Ward.	
	(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE STUDIES  a. If married, widowad or divorced HUSBAND of HUSBAND of	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day)	. 193 Z (Year)
(or) Wife of Cours	Hunkle	22.   I HEREBY CERTIFY, That I attended	Also.
. DATE OF BIRTH (month day, and year) . AGE Years Months	Days I If LESS than	I last saw h alive on, 19, 19, to have occurred on the date stated above, atm.	; daath is said
98 6	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8. Trade, profession, or parlicular	ormin.	wera as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	susewife		*
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9 Hidustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at	b	Hearh Lusease	2
10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spant in this occupation	Othar Contributory Causes of importanca:	
2. BIRTHPLACE (city or town) Dalla (State or country)	o Cily,		
14. BIRTHPLACE (city or town)	Lubbard		
14. BIRTHPLACE (city or town)	Ballo.	Name of oparation Date of	
(State of country)	City	What test confirmed diagnosis? Was there an	aulopsy?
15. MAIDEN NAME	own f	23. If daalh was dua to axiernal causas (VIOL ENCE) fill in also the following	g:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)		Accident, suicida, or homicide? Dale of injury	, 19
7. INFORMANT OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTRO	Bregel	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ate) .ACE,
(Addrass) 28 Fingan 8. BURIAL, CREMATION, OR REMOVAL Place Salto: Cen.	Date 9/13,1932	Mannar of injury	
9. UNDERTAKER John Illia (Addrass) 2008 Orli	ch	24. Was diseasa or injury to any way ralated to occupation of deceased?	
0. FILED 9/10 , 19.3 2 Q.	M. Bacow. Registrar.	(Signed) Community V. B. Stry	Cush C

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		1500	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10 8 8	
		147 61	

STATE OF MARYLAN CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital er institution, give its NAME inproperly characters of certificate stend of street and number.) 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS may be WIDOWED. OR DIVORGED Q (Write the word) VHEREBY CERTIFY, That I attended the decreased from 6 DATE OF BIRTH that struction (Month) (Year) and that death occured on the date stated above, IIf LESS than 7 AGE 80 I day hrs. The CAUSE OF DEATH * was as follows: torm 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry 0 business, or establishment in (Duration) 5 yrs. which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF 0 FATHER .. 1925 (Address) .. 0 11 BIRTHPLACE மைய *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER E S Z (State or country CAU Ш 2 GTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 state CCUP/ ients or Recent Residents) 13 DIRTHPLACE In the At place State.....yrs.....mos.... of death......yrs......mos......ds. OF MOTHER should sent of 00 Where was disease contracted, if not at place of death?..... OF MY/RNOWWEDGE 14 THE ABOVE IS TRUE TO THE BEST Former or usual residence ... TE OF/BURIA ANRIAL OR REMOVAL Every it If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

V. S. No. 1

MARGI

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. report specifically the occupations of persons en-Foreman, TO For many occupations a single word or term on yrs). Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed the kind of work and also (b) the Laborer-Coal mine, etc. Womnot gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever** (the only definite synonym is *Epidemic cerebrospinal meningitis'); *Diphtheria** (avoid use of *Croup'); *Typhoid fever** (never report *Typhoid Pneumonia"; *Lobar sneumonia** Bronchopneumonia** ("Pneumonia,");

as fracture of skull, and consequences (e.g., se, ses, telanus) may be stated under the head of "contributory". "(Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify : ll "Uraemia," "Weakness, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumowie (secondary), stated unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasins); Mausles; American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of (Recommendations on unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough, or intercurrent) affection need Chronic statement of cause of death ," etc., when a definite disease valvular heart etc. The contributory not disease;



1.	Y .	6	13	1
- 113	9.2	11 1	6	1
U	W		81	9

1. PLACE OF DEATH	
County Paltimore	Registration Dist. No. 44
Village or City Battle Give	No. St War
	If death occurred in a hospital or institution, give its NAME instead of street and number)
n	os. ds. How long in U.S. it of foreign hirth?vrs mos ds
2. FULL NAME Mary A. Iman	
(a) Residence: No. Sparraus Vaint	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCED (write the mord)	JOPE. 8 1932
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That   altended deceased from
we we man	1932, to 1932
6. DATE OF BIRTH (month, day, and year) June 2 4 18 63	I tast saw here alive on suffit 8 , 1932; doath is said
7. AGE Years Months Days If LESS than 1 day, his.	to have occurred on the date stated above, at 4/12 m
6/ 14 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	1930
	Carcuracia of Mounte
9. Industry or business in which work wes done, as StLK MILL, SAW MilL, BANK, elc.	A-'
O. Date deceased last worked at this occupation (month and year)  spant in this occupation  occupation	•
12. BIRTHPLACE (city or town) Bismark West Va. (Stata or country)	Other Contributory Causes of importance:
13. NAME adam Costrile  14. BIRTHPLACE (city or town) Lermany.	
14. BIRTHPLACE (city or town) Sermany.	Name of operation Rough Date of Date of
(State of country)	What test confirmed diagnosis? Clinical Juliage Was there an autopsy? 20
16. BIRTHPLACE (city or town) unknown	23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:
ON 16. BERTHPLACE (city or town) Company (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
1 (State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT - Harry 8 - Ina	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Lisare W a Oate Slpt. 2. 1931	Nature of injury
19. UNOERTAKER Work Cook (Address) 1217 - St. Barrier	24. Was disease or injury in any way related to occupation of deceased? The
20. FILED Sept. 8, 193 2 Hry S. Cornelly	(Signed) Thute
20. FILED 1932 Registrat.	(Address) (Assety, M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH (9670
1. PLACE OF DEATH	(9)
county Galtymore	Registration Dist. No.
Village or City Shawous Point	No. St., Ward
Length of residence in city wp death occurred 30 yrs 1 - mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds,
2. FULL NAME BUACTOSIA TAN	117101
(a) Residence: No. 809— The St.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR MIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That Lattended deceased from
(or) WIFE of Robert Hrun	July 29 1932 to September 81932
6. DATE OF BIRTH (month, day, end yeer) 2 m - 31 /873	I lest saw h D. alive on September 18, 1932; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
59 7 17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Diabetis mellitus 67130gi
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year)	
	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) (State or country)	Chronic Gelitis
13. NAME Lacot secho	Contonate Systems
13. NAME COV Sec So	Name of operation
(exate or country)	What test confirmed diagnosis The 7. 4 dock: Was there en autopsy? 20.
15. MAIDEN NAME dont know	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME COLF Brown  16. BIRTHPLACE (city or town) 4 1 2 200 C.	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND William Baranaugh	Specify whether injury occurred in INDÚSTRÝ, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place la fa full of Bate 1, 1952	Nature of injury
19. UNDERTAKER (Address) 30000 Book	24. Was disease or injury In eny way related to occupation of deceased?
20. FILES 194 20 , 1324 1778 (m. 2) CM 20 Registrar.	(Signed) Crus Felul M. D.  (Address) Drandallo
Kegnirai.	N. O. A. C. D. A. L. D. D. C. C. D. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hot , etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH 09671
1. PLACE OF DEATH	(174)
County Baltimore	Registration Dist. No. 44
Village or City Holley neals	No. Luco Escalo St., Ward
Length of residence in city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. it of foreign birth? yrs. mos. ds.
	sus. now long in 0.5.11 of foreign bittir:_P. (_jyisinos us.
2. FULL NAME I Venny 6. Jacks	W.
(a) Residence: No. 182777.17407	· St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2. SARVED.	21. DATE OF DEATH State (Year) (Year) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lestella Parti	22. I HEREBY CERTIFY, That I ettended deceased fro
(or) WIFE of lessella mult	
6. DATE OF BIRTH (month, day, and year) Opr. 13, 1871	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Harmorchage, caused Date of ones
8. Trade, profession, or particular kind of work done, as SPINNER, Carfeeter SAWYER, BOOKKEEPER, etc.	by knife wounder
9. Industry or business In which work wes done, as SILK MILL, Rollde Shiphullan SAW MILL RANK etc.	back Puncturny Lung
10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years)  spent in this occupation	
12. BIRTHPLACE (city or town) Sermany	Other Cantributory Causes of importance:
(State or country)	
13. NAME UNKNOW	
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? The suicide. Date of injury 1919. 3
17. INFORMANT Extella Jackow (Address) 18 2 7 21 Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Date have Date Cys. 76, 1932	Manner of injury  Nature of injury
19. UNDERTAKER John S. Connelly	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Sept. 26, 1932 John S. Comelly	(Signed) Jacob Lallman Coroner M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis /	3 days ago
May 1,1923	Other contributory causes of importance Castrocateritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in .....Ward) a hospital or institu-tion, give its NAME il-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) (Day) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from Month) (Day) (Year) that I last saw hat 7 AGE IIf LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in .(Duration) _____yrs.....mos..... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ......yrs .......ds. State___yrs.___mos.___ (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?..... Former or usual residence. PLACE OF BURIAL OR REMOVAL Registrar

If more branks are needed, address State Registrar, Ab W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as  $\nu ay$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an Civil engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (neor given up on account of the DISEASE CAUSING PEATH to report specifically the occupations of persons enrner, (b) Cotton mill; (a) Salesman, (b) Grocery:
Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

should state RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement AGE should be stated EXACTLY. properly classified. VITH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLANKLY, ä

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	950
County Ballemore	Registration Dist. No. 36
Village or City Parswille	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos  2. FULL NAME Walter Jones	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Bon Link Rd - Ca (Uvual place of abode)	Merch Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Nonth)  (Dey)  (Yeer)
(OL) WIFE OF Cearne a. Sones	22. I HEREBY CERTIFY. That I attended decessed from 19.32 to
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Deys  If LESS than  1 day,hrs.  ormin.	I lest saw h alive on 19 death is said to have occurred on the date steted above, et 3 m. Fig. 19 The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, Packer SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL Juntur Warehou. SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and yeer) spent in this occupation.	Dird without Madical
12. BIRTHPLACE (city or town) Providence (State or country)	Dther Contributory Causes of importance:
13. NAME George W. Jones	
13. NAME Jenge W. Jones  14. BIRTHPLACE (city or town) Propridegree  (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown	23. If death wes due to external ceuses (VIDLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Cumbusland  (State or country)  17. INFORMANT Carllon W. Lones	Accident, suicide, or homicide?
(Address) 5 3 00 Swindalla Cive.	
Place Novidence, Politico 9/10,193.Z.	Manner of injury
19. UNDERTAKER Lovard J. Pisch. (Address) 5300 Hargona Pa.	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED 9/8 Registrar.	(Signed) (Address) Townsow MAD.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	()	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE O	F DEATH			(3)	
County Baltimore County			<u>y</u>	Registration Dist. No.	8 4
	ity Essex		About 10.	No. 13 Montrose Ave. St.,  death occurred in a horpital or institution, give its NAME instead of street and nu  YPS 4s. How long in U.S. if of foreign birth? yrs. mos	War
2. FULL NA (a) Residen	79 7 1966	T. Junkentroee //	re : Balto	St., Ward.  If nonresident give city or town and S	tate
PERSON	IAL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
sex Female	4. COLOR OR RACE White		RIED, W100WED, (write the word)	21. DATE OF DEATH  Sept. lst  (Month) (Day)	19332.
a. If married, widow HUSBAND of (or) WIFE of		h Junke:	rs.	22. I HEREBY CERTIFY. That attended do	ceased fro
DATE OF BIRTH	(month, day, and year) Ma	y 1st 1	859.		death is se
73 Yes	Months 3	Days	If LESS than  1 day,hrs.  ormin.	to heve occurred on the date stated above, at 10:30 mA • M •  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onse
Work wa SAW Mil 10. Date deceas this occu	ty or town)	At Ho	me (years) tin this pation	Other Contributory Couses of importance:	arg.
1	Michael Bot	he		Mayorulo malows	150
(State or	(city or town)	German	) Y	Neme of operation Date of Mucilla there an eu	opsy?
	ME Virginia  (city or town) country)  Mrs. F. B.  38 Wagner	German Kidd (1	Daughter	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE	
18. BURIAL, CREMAT	TION, OR REMOVAL		t. 5 _{,19} 32	Manner of injury	
19. UNDERTAKER	tilly of Leile	ronc efe St		24. Wes disease or injury in any way related to occupetion of deceased?	٠
20. FILED Depor	3 ,19 02 1.	f. Conn	elle, Registrar.	(Signed) (Ardress) 30 7 (Balleens)	M.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of coset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

N. B.

	PLACE OF DEATH	STATE OF MARYLAND
	County B. H. nore	(83) CERTIFICATE OF DEATH
		Registration Dist. No. 30
2000	0 7 18	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	SEX A COLOR OR RACE SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH  Control (Month) (Day): (Year)
2 10 0110	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Tuquet 30 1932, to September 2, 1932, that I last saw h 170 alive on September 2, 1932,
	7 AGE    If LESS than     day hrs.   hrs.   or min.	and that death occurred on the date stated above, at
200	B OCCUPATION (a) Trade, profession or particular kind of work	Lerebra haemorrhage
III por tarita	(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Wisconsin.	Contributory Concrete Contributory Concrete Contributory Concrete Contributory Concrete Contributory Concrete Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory Contributory
600	10 NAME OF FATHER FEEDINAND Marnopp	(Signed) (Address) Landau Park & Translation
	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother  13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosds.
	(Informant) Pro June G. Parnoppe (wife).  (Address) 3217 Connect least of Admington	Where was disease contracted, if not at place of death?  Former or usual residence 3217 Connecticut Rue, Abeding L. D.C.  19 PLACE OF BURIAL OR REMOVAL  Columbia Willey Co. 2, 1932
010	Filed 9/1 193 The decision Fegistrar	20 UNDERTAKER One ADDRESS Bulls AT 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic scrvice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebros; inal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, earbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," ctc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," stated unless important Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronie valvular heart disease etc. The contributory Always qualify all

If this certificate is looked over thoroughly and a'l questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B. TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(73)
County Ballinge	Registration Dist. No. 43
Village or City Fullertay (1	ND. Vilye Straing Road St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foraign birth?yrsmosd
2. FULL NAME Filly Turby	
(a) Residence: No. Silvy Spino Roas, Full (Usufi place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MALLELE MARRIED (write the word)	21. DATE OF DEATH Suffer 19, 193 27. (Manth) (Day) (Year)
5a. If marriad, widowad or divorcad HUSBAND of	
(or) WIFE of Samel Sourby.	22. I HEREBY CERTIFY, That I attanded deceased fro
6. DATE OF BIRTH (month, day, and years 4 3 1899	I last saw h alive on ALATA 19 193 Todath is sa
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, atm.
72 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Housewife	Pentrating guestes wind
9 Industry or business in which work was dona, as SILK MILL,	o left Ctrest
SAW MILL, BANK, etc	Tombround Commissated
O 10 Data deceased last worked at this occupation (month and year)	Le patition of the should
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	- Islande y
I 13. NAME Millam Blrky	F. On A. C.
13. NAME Milleam Blily 14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Envloy althon Sist	23. If death was due to external causes (VIOL ENCE), fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? I was talk Date of Injury 1-19-, 19 3
(State or country)	Whare did injury occur? at teller tracel at above add
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether Injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St murys Date Sept 22193	Nature of injury
19. UNDERTAKER A B MANAGER	24. Was disaase or Injury in any way related to occupation of decaasad?
9/19 32 8 0 F + mE	(Signed) a. X. Miliusau M.
20. FILED 71 7 , 1902 Registrar.	(Addrass) S713 Bel air Rd., Balt, ma

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 OCT 2 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. B.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDIN MARGIN RESERVED -WRITE PLAINLY, B

	-CERTIFICATE OF DEATH 69679
1. PLACE OF DEATH	93,00
County Ballo -	Registration Dist. No. 444
Village or City	No. St., Wa If death occurred in a horpital or institution, give its NAME instead of street and number)
	os. ds. How long In U.S. If of foreign birth? yrs mos
2. FULL NAME Leter Koerme	V
(a) Residence: No. Vicquinca Cive.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 4. COLOR OR RACE OR DIVORCED (write the word) Hidower	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Corp. WILE ST. The Corp. The Corp. WILE ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL ST. The Corp. WILL S	22. I HEREBY CERTIFY. That I attended deceased fi
	1937 to Sefet 10, 193
5. DATE OF BIRTH (month, day, and year) July 8 dt 1865	Wast saw h aliva on Sefet 7, 19 2 death is s
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at J Am.
6 / 1 2 or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Car Se alar P. R.I.	
on the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of the sound of th	Merro Sclerous Gu
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc U 110. Dato daceasad last worked at his occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Ballo	Deute Myveordates 1/8/
(State or country) md,	1 2 3
13. NAME Jermen Xacine  14. BIRTHPLACE (city or town)	
(Stata or country)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Forma a Stelesel	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, sulcida, or homicide?
out of country)	Where did injury occur? (Specify city or town, county and State)
(Address) Vuanna and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL,	Manner of injury
Place Lacred Heart Date Left. 13, 1932	Nature of injury
19. UNDERTAKER John B. Connelly	24. Was disease or injury in any way related to occupation of decaased?
(Addrass) ( case of any)	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.				
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

BINDIN

RESERVED

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BURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state act statement of OCCUPA-CORD. Every item of infor-MARGIN RESERVED FOR BINDING

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEST RI	S IS A PERMANE T RI
mation should be carefully supplied. AGE should be stated EXACTLY.	stated EXACTLY.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	properly classified. Ex
TION is very important. See instructions on back of certificate.	certificate.

V. S. No. 1

SIAIE	OF MARYLAND-	-CERTIFICATE OF DEATH	09681
1. PLACE OF DEATH		2.7	
County Balto.		Registration Pist. No.	3
Village or City Reistersto	/	No. 1000 None Oracost	ward number)
Length of rasidence in city or town where		osds. How long in U. S. if of foreign birth?yrs	mosds.
2. FULL NAME M2. Ber	yamın Kol	odner	
(a) Residence: No. 5 8 o 1	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 27 (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I atter	adad daessead from
(or) WIFE of		august 10 1932 to Sept 2	7 1937
6. DATE OF BIRTH (month, day, and year) M	arch 19-1900	I last saw h im alive on September 2), 19	32; death is sald
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at 5 P. m.	
32 6	1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Dulmonary Tuberail	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10, Date deceased last worked at this occupation (month and	alesman		1927
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	0	
12. BIRTHPLACE (city or town)	ssia	Othar Contributory Causes of importance:	
I 13. NAME Kosel K.	olodner		
14. BIRTHPLACE (city or town). Ru	ssic	Nama of operation Data	of
(State or country)		What test confirmed diagnosis? Was thera	an autopsy?
15. MAIDEN NAME 9da  16. BIRTHPLACE (city or town) 1	Rutzman	23. If death was dua to extarnal causes (VIOL ENCE) fill in also the folio	
2 16. BIRTHPLACE (city or town) (State or country)	ussia	Accidant, suicide, or homicide? Date of injury	, 19
17. INFORMANT (Address)	1 Jewich	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Jelren Lem	Date 7-28-3-19	Nature of injury	
19. UNDERTAKER AND THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	halt H	24. Was disease or injury in any way related to occupation of deceased	?
20. FILED STAT. 21, 1932	H.Y. Slade.	(Signed) albert & Shows (Address) Restandam	M. D.
7	Registrat.	" (vooless) 1.1	

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should state of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	2'
County Baltimens	Registration Dist. No. 33
Village or City Reisterstown	No Selvesh Home for Consulast place Ward death organized in a hospital or institution, tore its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Mr. Lavis Kravi	ta
(a) Residence: No. 1649 Bentalou (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 12, 19332
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Knowless Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Report Re	22. I HEREBY CERTIFY. That I attended deceased from October 25, 1931, to September, 19.3-2
7. AGE Years Months Days It LESS than 1 day,hrs. or	I last saw h. Lannalive on
8. Trade, profession, or particular kind of work dona, as SPINNER, Paper Hanger SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and on the second in this occupation (month and on the second in this occupation (month and on the second in this occupation).	Pulmenavy Tuberculosis 1929
10. Date deceased last worked at this occupation (month and oct 1929   11. Total time (years) spent in this occupation   12. BIRTHPLACE (city or town)   Russia   12. State or country)	Other Contributory Causes of Importance:
13. NAME Workam Kransty  14. BIRTHPLACE (city or town) Russian (State or country)	Name of oparation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anna?	23. If death was dua to axtarnal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT (Address)	Spacify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
Place 14 2 brown Can Date of the 14 1923	Manner of Injury
19. UNDERTAKER Jacle Lenio (Address)	24. Was disease or injury in any way related to occupation of daceased?
20. FILED. Jr. J. L. 19 32 Jone Se A. Perinter	(Signed) Albert + Miles M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1 5	LACE OF		OF MARYLAND-	-CERTIFICATE OF DEATH 6968;
		Balto		(131)
		y Stemme	P -1 3	Registration Dist. No. 44
				No. St,
	Length of resid	ence in city or town where	death occurredyrs,	os. ds. How long in U.S. if of foreign birth? 40 yrs. mos.
2. F	ULL NAN	ME Hedin	og agnes ha	nda
	(a) Residence	e: No. Mace	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sept (Month) (Oay) 193
5a. If m	arried, widowe	d, or divorced	0	
(0	r) WIFE of	Joseph	Landa	July 30 1932 to Sept 6th
6. DATI	OF BIRTH (n	nonth, day, and year) A	me 17, 1873	and the second second
7. AGE	Year		Days If LESS than	to have occurred on the date stated above, at 6 A.m.
-	J	9 2	19   1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. 0	Trade, profess	ion, or particular ork done, as SPINNER,	Honsewife	Myocardia
_	Industry or b	BOOKKEEPER, etc	·	indufferency.
	SAW MILL	BANK, etc	L II Table and A	
0	this occupa	ation (month and	11. Total time (years) spent in this occupation	
12 010	THPLACE (city	as towns) Od		Other Contributory Causes of Isacortance:
	(State or count		many	hronic Nephralis & Alveral years
当 13.	NAME 2	Filliam	Ullrich	
term I	BIRTHPLACE (			Name of operation. Date of
2	(State or o		many	What test confirmed diagnosis? Was there an autopsy
I -	MAIOEN NAM	1	enon	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16.	(State or o	city or town)	mary	Accident, suicide, or homicide?
	ORMANT	Jesh	Landa es Run	(Specify city or town, county and State) Specify whether Injory occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BUR	IAL, CREMATI	ON, OR REMOVAL	C.11 0 2.	Manner of injury
	Place Land	1 of	Date	Nature of Injury
ואון מו	ERTAKER	Hmy 9.	Connelly	24. Was disease er injury in any way related to occupation of deceased?
	(Address)	( Can	- 1 11011	If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronie interstitial nephritis	1921	Run over by street car	S'ACVTRES	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			7 (0.00)	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

- 9.5 A	
County Baltimore	Registration Dist. No. 30
	No. She ppard and Enoch Pratt Hospital Ward death occurred in a hospital or institution, give its NAME instead of street and number)
D. H 1 11. 1. 11. 1	ds. How long in U.S. If of foreign birth?yrsds
(a) Residence: No. 1006 N. Celvert St.  (Usual place of abode)	St., Ward. Selfinore, U.d.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 11 CAR IEC	21. DATE OF DEATH ON 193 (Year)
HUSBAND of (or) WIFE of Mary L. MEKing	22. DI HEREBY CERTIFY That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Nov 30 1873	I last saw h. 1.M. alive on DEPAT 20, 1937; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
36 7 7 0 ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Carcinoma of NECK With
9 Industry or business in which	here sie its in refuel and
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Baltimore, Ind.	Othar Contributory Causes of Importanco:
13. NAME HOllian Mellian	_
13. NAME HOLINS ME KIM  14. BIRTHPLACE (city or town) 11 CRY and	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 🕼
15. MAIDEN NAME AUN V. 17 - King	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME AUN V. MEKIM  16. BIRTHPLACE (city or town) Saltimore Mad.  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(otata of county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital Records (Address)	Specify whather Injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Steen mount Date Sept 22, 1932	Manner of injury
19. UNDERTAKER Legy V Jukus + Sons Co. (Address) 2 Cycloth of Orchandelle	24. Was disease or injury in any way related to occupation of deceased?
LOURINGS HIS TO A A A A A A A TO THE LOUIS AND A AND A AND A AND A AND A AND A AND A AND A AND A AND A AND A AND A AND A AND AND	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

Exact PLACE OF DEATH properly classifled of certificate. Stated EXACTL PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, MARRIED. COLOR OR RACE WIDOWED. back OR DIVORCED ponld may (Write the word) BIND 6 DATE OF BIRTH Instructions that CE (Month) 7 AGE supplied MARGIN RESERVED 8 OCCUPATION See (a) Trade, profession or Ż Z Z particular kind of work be carefully EATH in plai pla (b) General nature of industry important. business, or establishment in UNFADING which employed or (employer) 9 BIRTHPLACE (State or country) Should SE OF DE ID NAME DE II BIRTHPLACE ENTS OF FATHER d state CAUSI of information (State or country) 12 MAIDEN NAME 0 PA OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) item of is should CIANS should statement of (Informant) 15 Filed 8

	1.0000
STATE	OF MARYLAND
	CATE OF DEATH
201	ration Dist. No. 4
ALL PI	ration Dist. No. 27
yship Rd. st.:	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATH Supt	-3 , 1932
17 I HEREBY CERTIFY. Th	
angust 192 8 to	at I attended the deceased from
that I last law h malive on	
and that death occurred on the date	1 1 1 1 1 1
The CAUSE OF DEATH * was as fol	
D A	
Onlmonas	y Tuberculoris
(Duratio	n)yrsmosds,
Contributory Secondary	~
(Duratio	n) mosds.
(Signed)	NACCE M.D.
Sept 3 193 2 (Address) 2	Tundalk, My.
*State the Disease Causing Violent Causes, state (1) Mesns Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans-
At place of deathyrsmosds.	In the State yrs. mes. ds.
Where was disease contracted, if not at place of death?	
Former or usual residence	

ADDRESS

If more bianks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

2D UNDERTAKER

(Year) If LESS than

I day hrs.

(Day)

9 Denne 1/14/32

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or At Home, and children, not gainfully em-For many occupations a without more precise specification as Day For persons who have no occupation single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. American Medical Association (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is locked over throughly and all questions answered in itetall et will prefeat wither correspondence. All the data is essential and must be obtained infore the crificate is permanently filed.

KATOLOGIA V LOSONIA

V. S. No. 1 N. B.

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Daltemors	Registration Dist. No. 36
Village or city Postorsulle Sts	rose Towe Hospitals Ward
/ (lif	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME James Magle	0 1 02 1
(a) Residence: No. Clements 1. O. Sh (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. It married, widowed, or divorced	(month) (vosy) (vosy)
HUSBAND ot (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Owelle	Lept 2, 19 32, to dept 18, 19 32
6. DATE OF BIRTH (month, day, and year) Class S/1902	I last saw h alive on 2007 18 1932 death is said
7. AGE Years Months Days It-LESS than 1 day, hrs.	to have occurred on the date stated above, at
30 0 12 or rain.	were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
F-	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	Melser of Stomach 16de
this occupation (month and / 2000 spent in this occupation / 0.7/4	
Oca + Ph	Other Contributory Canses of Importance:
(State or country) At Mario Cen.	9- 5- 60 1 - 00 20
	astre mannage say
E	deute also Kolism / mo
[ 14. BIRTHPLACE (city or town)	Nama et operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Consider State of Country (State of Country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Syron Tuny (Address) VCRomento Ha. mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sleph 20, 193 pare por policy	Nature of injury
19. UNDERTAKER O MIER Sachelle MES	24. Was disease or injury in any way related to occupation of deceased? 900.
20. FILED Sept 18, 1982 Chatfeldt	(Signed) Politic Garrett M. D
If more blanks are needed, address State Registrar.	(Address) Committee To No.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURSAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1991	

infor-

jo

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Change	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN  A Spelling of Amounts: hote 9/28/39 under heury and	

STATE OF MARYLAN (131 CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institution, give its NAME is stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS prop MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED may (Write the word) (Month) HEREBY CERTIFY, That Lattended the deceased from 6 DATE OF BIRTH that n terms so that See instruction (Month (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: SERVED ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in (Duration) 1 which employed or (employer) be car odwi MARGIN 9 BIRTHPLACE Secondary (State or country (Duration) DO 10 NAME OF 31 FATHER Shot E OF 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in deaths from SO no CAUS (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Informati 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) CCU 13 BIRTHPLACE At place of death ......yrs.....mos. In the OF MOTHER should (State or country) Where was disesse contracted, if not at place of death? Every it CIANS stateme o'X 80 ໝໍ If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on 378. Farm laborer, Luborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by approved by Committee on as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. "PUERPERAL scpticaemia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart Measles; discase; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE	OF MARY	LAND-	CERTIFICATE	OF DEATH	9690
1. PLACE OF DEATH	The second -		-107-0		7 7
County Baltimore			**************************************	Registration Dist. No.	
Village or City Cowings Mills, nd			f death occurred in a hospital or instit	tution, give its NAME instead of street and	Ward
Length of residence in city or town who	re death occurred. 6	yrs	s. 12 ds. How long In U.S. if	of foreign birth? yre	moe de
2. FULL NAME Edwar	d Puto	r		Born in Baltim	me, me
(a) Residence: No. 281/	Thudson (Usual place of		timare, Ward.	If nonresident give city or town as	nd State
PERSONAL AND STATIS	STICAL PARTIC	ULARS	MEDICAL C	CERTIFICATE OF DEATH	
male 4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED Single		21. DATE OF DEATH	Seph 19 ,	, 193 2- (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	0		22. South 16	Y CERTIFY That   atlende	d deceased from
6. DATE OF BtRTH (month, day, and yaar)	Ort 26	1913	I last saw h see alive on	1932 to sept. 19	7, 19.3 2
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date state	Duice.	کے; death is said
18 1	7	I day,hrs. ormin.		TH and related causas of importance	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	8. Trada profession or particular			<i>Jeneumonia</i>	9/16/3
	11. Total time	In this			
12. BIRTHPLACE (city or town) Balta (State or country)	mare, mo		Dther Coutributary Causes of imp	oortanca:	
13. NAME Jahn Pr	etor				
	land		Name of operation_Zone What test confirmed diagnosis?	Clinical Was there an	autopsy? 70
15. MAIDEN NAME Stephenie Ziggiella  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Sustitution records (Address)  18. BURIAL, CREMATION OR, REMOVAL Place Attaly Mosery Cem Date Slept 22., 1932			Accidant, suicide, or homicide? Where did injury occur?	Usas (VIDLENCE) fill in also the following The Date of injury Date of injury and St. (Specify city or town, county and St. in INDUSTRY, in HOME, or in PUBLIC P	, 19
			Manner of injury		
19. UNDERTAKER Johns Pun (Address 28 W Hud)	on st	a_	II socialisectly	way ralated to eccupation of deceased?	wo.
20. FILED 20, 19 3 2	17 man	Registrar.	(Signed)(Addrass)	Moy Migel	7 M.D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exam	ple I		Example II	
The principal cause of death a of importance were as follows:	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of th	July 5, 1927	Peritonitis	3 days ago
	S.V UA	REED S		
Other contributory causes of i	mportance. 61 EZ	SEP	Other contributory causes of importance:	
Gallstones	0	May 1,1923	Gastroenteritis	1 year
	THATS	KEN		
	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa			


N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN

1. PLACE OF DEATH	MARTEARD	CERTIFICATE OF DEATH	621
County Baltimore		Registration Dist. No. 3	
Village or City Jourson		NoSt.,	Wa
Length of rasidence In city or town where daat		If death occurred in a horpital or institution, give its NAME instead of street and most and	
2. FULL NAME Moral	Virginia Prie		
(a) Residence: No. 16 aids	urth Road	St., Ward.	
PERSONAL AND STATISTICS	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA  3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Finale While	OR DIVORCED (write the word)	(Month) (Day)	, 193 Z. (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	Hallin Price.	22. I HEREBY CERTIFY, That J attended	daceased fro
00	10 10 10 10	lug 19- 1932 10 Dept.	2., 19.3.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw hole alive on Alfa 1932 to have occurred on the date stated above, at A. m.	death is sa
8.3 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Z 8. Trada, profession, or particular	/O lormin.	were as fellows: Cholecustitos	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None	Cholelithiaxis	541
SAWYER, BOOKKEPER, etc	none		
10. Date dacaasad last worked at this occupation (month and year)	11. Total time (yaars) spant in this occupation		
1/4	Of '	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	naruland	Menoscurosus	-layk
13. NAME Lorge	. Simmerman		
13. NAME Trongs  14. BIRTHPLACE (city or town)	Frederick	Name of operation 2003 Date of	
(State of Country)	mdi.	What test confirmed diagnosis? Churchel Was there an a	utopsy?
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town)	2 020 il	23. If death was due to external causes (VIOLENCE) fill in also the following	:
(State or country)	md.	Accident, suicide, or homicide? Date of injury Whare did injury occur?	, 19
17. INFORMANT Mras Clara Proc (Addrass) 1900 Bolton	a Rolinson Anight	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	c) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Sept 13/32, 19	Mannar of Injury	
19. UNDERTAKER Stewart & moure	n Company	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 108 - W. north An	engel.	If so, specify 6.	
/ //	11 /1 //		

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BURLAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

1. PLACE OF DEATH	
county Balto.	Registration Dist. No. 83
Village or City Reisterstown Md	No Quelsh Home for Consum St. In Ward death opened in a hospital or institution give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrs,mos	
2. FULL NAME Mr. Samuel Pus	hkin
(a) Residence: No. 1412 E. Preston (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH September 10, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah Pushkin	22. I HEREBY CERTIFY, That I attended deceased from November 17, 1931, to Sept. 10, 1932
6. DATE OF BIRTH (month, day, and year ( VCTOLE 20, 187)	I last saw h Lm alive on Soft. 10 1932; death is said
7. AGE Years Months Days LESS than	to have occurred on the date stated above, at7.30 Jm.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, prolession, or particular kind of work done, as SPINNER,	p 140
SAWYER, BOOKKEEPER, etc.	larenoma of the tung
work was done, as SILK MILL, Tandware Merchant	
Saw Mill, Bank, etc.  10. Date deceased last worked at this occupation (month and NCX: 193)  10. Date deceased last worked at this occupation (month and NCX: 193)  11. Total time (years) spent in this 20 year)	
year) JCV: 143 occupation 20 48	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Russia	Suite Caracter of Importance
(State or country)	
13. NAME Drael Pushlain	
13. NAME Drael Pushlain  14. BIRTHPLACE (city or town). Pushla	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Esse Walerod	23. If dealh was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Esie axlered  16. BIRTHPLACE (city or town) Russian  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CRAMATION, OR REMOVAL	Manner of injury
Place Juleur Cemy Date 971 , 19 6	Nature of Injury
10 HADESTAKES DOR HOLING STO	24. Was disease or injury in any way related to occupation of deceased?
19 UNDERTAKER (Address) (Address) (Address)	If so, specify
20 EUE SEPT. 10 1032 24. 97 Stock	(Signed) albest & Thurs M. D.
20, FILED YEAR 1. 19.5 22 St. 111 . S. Q. C. Registrar.	(Address) Reistestown Md

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

i	· · · · · · · · · · · · · · · · · · ·	03030
	PLACE OF DEATH	STATE OF MARYLAND
	County Buttimmy	CERTIFICATE OF DEATH
		Registration Dist. No. 3
	Tung organ 18 Sik IX	8
	Village or City Wolf (Not)	St.: Ward) (If death occurred in a hospital or institu-
Jar	March Pergalis	tion, give its NAME in- stead of street and
	² FULL NAME	number.)
00	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH ( 1/4 1/4 8) 1932
S C	Fame of CANTAL OR-DIVORCED	97/1100 , 192
Da	(Write the word)	(Month) (Day) (Year)
50	6 DATE OF BIRTH BY M. Mahanan and	
0	610-184	
2	(Month) (Day) (Year)	that I last saw h aliya on 192,
2	7 AGE If LESS than I day, hrs.	and that death occurred on the date stated above, at
20	yrs mos ds. or min.?	Thomsed My bady
=	8 OCCUPATION A	Fram Loth Saland!
200	(a) Trade, profession or particular kind of work	Silmosum - Pertury Con-
	(b) General nature of industry	VX Anstra Budding
ra L	business, or establishment in which employed or (employer)	Duration) yrs. mos. ds.
200	9 BIRTHPLACE PL TO ALLA	Contributory Secondary
	(State or country)	new Day (Darktion) you mos ds.
	10 NAME OF John Whitness.	(Signed), James, D. J. A. M. D.
0	FATHER JOHN WILLIMS	Shill 38 193 (Address) Caronyouth me
0	of FATHER Listing	
5	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER MOTIES MOWING	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER MANN A	At place of death yrs mos ds. In the State yrs ds.
	(State or Country).  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
	(Informant) Curren v. Z - Bavara	usual residence
	Harrow ar 47 R.S.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3	(Address)	LCUS OW PRISTERNO, 1902
U	15 Filed Class 1 1932 Mint Dutter	20 UNDERTAKER OF ADDRESS / 217
	OU. Registrar	I sylve I wo like blokey i
	If more bianks are needed, address State Registrar	r, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

11.00

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise stutement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotic engineer, the first line will be sufficient, e.g., Farmer or Plonter, fulness of various pursuits can be known. The ques-Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Laborer-Salcsman. -Coul minc, etc. Womperson, irrespective of duties of the (b) Grocery,

Statement of Cause of Death—Name. first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiluria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences e g., sepsis, Examples: Accidental drowning; Struck by railway trainapproved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. Then ture of the injury, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease accident; Revolver wound of head-hamicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septiculania," "PUERPERAL perilonitis," etc. inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease, Example: Measles (disease ctc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. T RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAND V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 69634
1. PLACE OF DEATH	(94-6)
County Dalls	Registration Dist. No.
Village of City also ville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whare death occurredyrs,mos	
2. FULL NAME Trank Lee	Occley
(a) Residence: Np. Carbulato and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced	
HUSBAND OF Mollies Riley	22.   HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) april - 1868	l iast saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
63 4 16 1 day,	The PRINCIPAL CAUSE OF DEATH and related causas of importance wara as follows:  Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER SAWYER, BDDKKEEPER, etc.	
kind of work dona, as SPINNER SAWYER, BDDKKEEPER, etc.  9.4 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last workad at this occupation (month and	Koronary Mrombres
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
1100	
13. NAME  14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME Was X Child  16. BIRTHPLACE (city or town)	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
[ 16, BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Mus Molle Pelley	Spacify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OB, REMOVAL 4	Mannar of injury
Place and all Date 1/ 0., 193.	Nature of injury
19. UNDERTAKER 2 Me Luckur V	Le disease or injury lo any way related to occupation of daceased?
(Addrass)	If so, spacify there I to well
20. FILED. 7. 195 Registrar.	(Signed) M. (Address) Palons Will
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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### Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

addiess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of infortage		Other contributory causes of importance:	
Gallstones	Hay1,1923	Gastroenteritis	1 year
COLL			

N. B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Byltomore	CERTIFICATE OF DEATH
County	Registration Dist. No. 43
Village or City Fullbrion (No.	Ward   It death occurred in
7 Mage 01 Oily	give its NAME instead
* FULL NAME mary Called	row Cuffred of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH IS AN 16
Coluly (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Junet 10 85	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Monda) (Day) (Year)	that I last saw h last alive on the last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw h last saw
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at m, The CAUSE OF DEATH * was as follows:
/ / yrs. / mos. / ds. or. min.?	O DEATH A Was as follows:
(a) Trade, protession, or	Certific Jerson
particular kind of work  (b) General nature of industry,	
business, or establishment in	(Duration) yrs. mos. ds.
which employed (or employer)	Contributory Casabral Browning
(State or country)	(Secondary) (Daretton) yrs mos ds.
10 NAME OF DEGLETION GREEN	1 10 11 - Wind Isons
Je second pensors	Q117 35 - (441) 29 000 0 - 21
T I BIRTHPEACE OF FATHER State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
C 12 MAIDEN NAME / / /	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Softens Stember	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant) harry badd	Former or
Overlon 6-B	19 PLAGE OF BURIAL OR REMOVAL DETENO BURIAL
(Address)	A 1 100 1 C TOLL SONS 19 32
0/17 11 20 A to to ma	20 UNDERTAKES ADDRESS
Filed 7 1913 SEGISTRAR	Trederok assafram 740/ Belando
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemald, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for cause. Aiways qualify all diseases resulting from ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purperal scptichac--Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de: "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important valvular heart disease; Chronic interstitial nephritix mere symptoms or terminal conditions, such as "Asnant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of _ is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Day Ballon

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 69697
1. PLACE OF DEATH	50
County /	Registration Dist. No. 32
	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos, ds
2. FULL NAME Homitta Schuy le  (a) Residence: ND. 6 halllage (Usuaf place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  September 18 , 193, 2 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. f HEREBY CERT f FY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw have alive on 3 18 19.32; death is sal to have occurred on the date stated above, at 2 2 pm.
8 O + 1   l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this occupation (month and	metartani
10. Oate deceased last worked et this occupation (month end yeer)	•
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance: Simila Juya caulist dissess
13. NAME Unkrow	
14. BIRTHPLACE (city or town) Crackwar (State or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)	23. If death was due to externel causes (VIDLENCE) fill in also the following:  Accident, suicida, or homicide?
17. INFORMANT Lauf Chips (Address) Chattlevel mol	Where did injury occur?  (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place At. There Date 9/2 2 / 39 2	Manner of injury
19. UNDERTAKER Her Slegge HG. Heolla of (Address) 1631 Shinis Heilf and	24. Wes disease or injury in any way related to occupation of deceased? ho
20. FILED Seld 22, 1932 Mar E. E. Rechos	(Signad) Salson & William M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

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Example I			Example II		
The principal cause of deat of importance were as follows:	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	uses Date of onset	
Arterioselerosis	RECT	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	#1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	- DE 4 1976	July 5,1927	Peritonitis	3 days ago	
	BUKEAUT	<u>C</u>			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

B. ż

STATE	OF	MARYI	AND—CERTIFICATE OF DEATH	
	VI.		AND CERTIFICATE OF DEATH	

	66600
Ή	09699
11	

1. PLACE OF BEATH	948)
County Dalso	Registration Dist. No. 35
Village or City Freeland	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME I Sage Shave	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Mg/th)  (Oey)  (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Celelia & Shaves'	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) Qua VI-1844	I last sew h aliva on Auth 10 1982 death is said
7. AGE Years Months Lays If LESS than	to heva occurred on the deta steted ebova, at // Am.
86 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8. Treda, profassion, or particular kind of work done, es SPINNER, Return Selvor Casel SAWYER, BOOKKEEPER, etc.	A Partie Xen - 10/2
9. Industry or business in which	9/9/1
work was dona, es StLK MILL Balto les Selvolo-	
10. Date decessed last worked at this occupation (month end 1907) spent in this year) occupation.	
Balke	Other Contributory Causes of Importance:
(State or country)	Calmonteron
13. NAME Jacob Slaaver.	
13. NAME acol Slaver  14. BIRTHP(ACE (city or town). Balance	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIOEN NAME & Galle Sauble -	23. If death wes due to axternel causes (VIDL ENCE) fill in also the following:
(State or constry)	Accidant, suicide, or homicide?
P-1 + 11	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurrad in INOUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT States	
MCR PSTAN GENERAL DATE SELVE 13, 1937	Menner of injury
19 UNDERTAKER HARTEUSLOWY DHONOWARD	24. Was disaese or injury in eny way releted to occupation of deceased?
(Address) Mad Bying wife.	If so, specify
20. FILED Sept ( 1932 Samuel & Milley	(Signad) M. D.
Registrar.	(Address) Street, Baltimore, Requesting U. S. No. 1
a, more viantes are necueu, augress State Registrat,	2411 11. Chance Street, Dathmore, Requesting V. 3. 140. 1

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ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Addrass)

20. FILED Con

STATE	OF	MARYI	AND-	CERTIF	ICATE	OF	DEATH
SIAIL		MUVIVIE	עוות.	CLIVIII	IONIL	OI	DEATI

STATE OF MA	ARYLAND—	CERTIFICATE OF DEATH
CountyBaltimore		Registration Dist. No. 44
Village or City Jones Creek	(l	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Stillborn Sh	ick	
	l place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH
Mele White OR DIV	, MARRIED, WIDOWED, 'DRCED (write the word)	21. DATE OF DEATH  September 6 , 193 32 (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	er 6, 1932	22. I HEREBY CERTIFY, Thet I attended dacaased from , 19, 19
6. DATE OF BIRTH (month, day, end yaar)		I last saw h; daath is said
7. AGE Yaars Months Day	if LESS than 1 day,hrs. ornin.	to have occurred on the data statad above, atm,  The PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data decaased last workad at this occupation (month and yaar)	Total time (years) : spent in this occupation	Date of onset  STILLBORN 3-Mv
12. BIRTHPLACE (city or town)		Dthar Contributory Causes of importanca:
13. NAME Floyd Shick		Tremature birt
H 13. NAME Floyd Shick 14. BIRTHPLACE (city or town) (State or country)  Penn.		Neme of operation Deta of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margery Taylor		23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Margery Taylor 16. BIRTHPLACE (city or town)		Accident, suicida, or homicide? Date of injury
17. INFORMANT Marsen Sh (Address)	ick_	Whare did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMAYAL Place Cut 10 John Daid 0	1016ms, 19	Mannar of injury
19. UNDERTAKER Waterwied Las	motory	24. Was disaasa of injury in any way alatad to occupation of dacaased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

if so, spac

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

should state OCCUPA

FATHER

MOTHER

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

(Addiess)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

(State or country)

Balto.

Germany

Germany

elair

Henrietta Melchior

Date OCt.

Road

1. PLACE OF		F MARYLAND—	CERTIFICATE OF DEATH	03701	
Village or Ci	ity Perry Ha		Registration Dist. No. 40  No. Horns Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?		
	we Henriett ce: No. Perry	a R. S. Shipley Hall (Usual place of abode)		ity or town and State	
PERSON	AL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)   Married   Married		21. DATE OF DEATH Sept. 28th,	Day) (Year)	
5a. If married, widowed HUSBAND of (or) WIFE of	ed, or divosced  Benjamin F.	Shipley	22. I HEREBY CERTIFY, T	hat I attended decaasad from	
6. DATE OF BIRTH	month, day, and year) Fe	b. 22, 1851	last sawher alive on Sept 2/7	, 19_3_2; death is said	
7. AGE Years Months Days   If LESS than   1 day, hrs.			to have occurred on the data stated above, at6P The PRINCIPAL CAUSE OF DEATH and related causes of livere as follows:	mportance	
kind of w SAWYER,	sion, or particular ork dona, as SPINNER, BDOKKEEPER, etc		Chronic Brownites	Date of one et	
- tins occup		11. Total tima (yaars) spent in this occupation			

Name of operation. 23. If death was due to external causes (VIOL ENCE) Accident, suicide, or homicide? .... Where did Injury occur? ____ (Specify city or town, county and State) Nature of injury If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimpre, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MIREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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should

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ALL NOT BE ARE				
	1			
Other contributory causes of importance:	2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

M	09703
PLACE OF DEATH	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
I M-+ 7 .	Registration Dist. No. 1/9
Village or City Tullerion (No. Delais 2 FULL NAME Hattie Smith	Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 and 14 colon on pace   5 SINGLE	16 DATE OF DEATH Solf - 15
Female White, Wildowed On Divorce	(Month) (Day) (Year)
⁶ DATE OF BIRTH 1865	HEREBY CERTIFY, That I attended deceased from
June 11 1863	Sef 7, 199 4, to 199 3
(Month) (Day) (Year)	that I last saw h alive on 1913
TAGE 67	and that death occurred on the date stated above, at
yrs, 3 mas. 4 ds. OR min. ?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or	
particular kind of work	· Juliumany / Neculos
(b) General nature of industry husiness, or establishment in	(Quration) yrs 7 mos 6
which employed (ar employer)	contributory Mycardial muffer
(State or country) Balto, Md	Secondary (Burallon) yrs mes / O
10 NAME OF Arbon 91T. 9 Wolcott.	(Signed) Stutt Benson, II.
11 BIRTHPLACE	9/16/32, 181 (Address) Julien Pay
Z 11 BIRTHPLACE OF FATHER (State or country) UMRMOUN	State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
C 12 MAIDEN NAME	£ 5: •
of MOTHER nellie Jardner	18 LENGTH OF RESIDENCE (FOR Hospitals, Institutions, Transients) OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Balto, and,	At place In the of death yrs. mos. O ds. State, Ayre. mos. d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disause contracted, R. C. C.
(informant) mildred & mith	If not at place of death?
7 11 + 2001	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Fullerin III	Greenment 9/19 1035
16 9/16/22 SHI FAIT	20 UNDERTAKER RODRESS CA O

REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

or given up on account of the DISEASE CAUSING DEATH, write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the eian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of -Coal mine, etc. Statement of Occupation-Precise statement of occupanuany occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever Women at home, who are engaged in At home. Care should be Never return But in many cases, "Laborer," (b) Auto-

letter

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid pucumonia"); Lobar meumonia. Bronchopneumonia ("Pneumonia,") unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nonienclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably Struck by railway train—accident; Revolver wound SUICIDAL, OF ROMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Aecidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the cause. genital," "Senile," etc.), "Dropsy," "Anacmia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. eough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping If this certificate Always qualify all diseases resulting from child-"Coma," The contributory (secondary or intereur-"Convulsions," "Debility" (Recommendations "Exhaustion," ("Con-

35-42-6

Tiled

If this certificate is ployked over thoroughly and all questions unswered in dead, it will prevent further correspondence. All the datasis essential and must be obtained before the coefficial is permanently filed

ż

1. PLACE	STATE ( OF DEATH	OF MAR	YLAND-	CERTIFICATE OF DEATH	09704	
County	Baltimore			Registration Dist. No.	32	
Village or	City Owings M	ills,		No.	Ware	
			(1	f death occurred in a horpital or institution, give its NAME instead of streets.  ds. How long in U.S. if of foraign birth?yrs.		
	AME Baby Sul			in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th		
1000	ence: No. Owings			O1 Ward		
(a) Resid	ence: No. OWINGS	(Usual place		St., Ward.  If nonresident give city or tow	and State	
PERSC	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н	
3. SEX	3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Infant			21. DATE OF DEATH September 16, (Month) (Day)	, 193_2 (Year)	
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Infant				22. I HEREBY CERTIFY, That I attanded deceased f		
6. DATE OF BIRT	H (month, day, and year)	Sept. 16,	1932	I tast Xaw h.X.X.X.X.affive on X.X.X.X.X.X.X.X.X.X.X.X.X.X.X.X.X.X.X.	XXX; death is sei	
	Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at 2:45 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) occupation.				Premature birth.		
12. BIRTHPLACE (Stata or co	(city or town) OW	ings Mills Maryland	-	Other Contributory Causes of importance:		
13. NAME	John H. Sull:	i van				
(Stata	CE (city or town)	vland		Name of operation None Date What test confirmed diagnosis? Clinical Was ther	of an autopsy? NC	
15. MAIDEN	NAME Jennie M	ay Shaffer		23. If daath was due to external causas (VIOLENCE) fill in also tha foll	owing:	
	CE (city or town) Mar	yland		Accident, suicide, or homicide? Date of injury Whare did injury occur?		
17. INFORMANT (Address)	John H. Su Owings M	llivan		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREM	ATION, OR REMOVAL In a field)	Data Sept	16,19 32	Manner of Injury		
19. UNDERTAKER . (Address)	None			24. Was disease or injury in any way related to occupation of deceased		
20. FILED Se	pt. 17 ₁₉ 32 Di	r. E. E. N	Nichols Registrar.	(Signed) & C. McLal, (Address) Pikesville, Md.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		RECEIVED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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Ä. ż

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09705		
1. PLACE OF DEATH	<u></u> 3		
County Baltimore	Registration Dist. No. 3 5		
Village or City 4 reel and	No. St., Ward		
(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
Langth of residanca in city or town whare death occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME Still Bond, (	Ma) Jacey		
(a) Residence: No. (Usual place of abode)	St., Ward.		
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
OR DIVORCED (write the word)	Seph 8- 1932		
5a. If married, widowad, or divorcad	(Month) (Day) (Year)		
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from		
1	Sept 8 , 1932, to deffer 8 - , 1932,		
6. DATE OF BIRTH (month, day, and year) Sept. 8-1932.	I last saw h alive on _ Base dead , 19 ; daath is said		
7. AGE Yaars Months Days If LESS than 1 day. hrs.	to have occurred on the date stated above, at 7,30 kg, m.		
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
Trade, profession, or particular kind of work dona, as SPINNER,	ff ( )		
SAWYER, BOOKKEEPER, atc.	till Barn!		
work was done, as SILK MILL, SAW MILL, BANK, etc.			
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last worked et this occupation (month and spent in this			
yaar) spent in this			
12. BIRTHPLACE (city or town) — Fx restand, MA: (State or country)	Other Contributory Causes of Importance:		
13. NAME John Phones Travel			
Ε // -22.	Name of accounts		
14. BIRTHPLACE (cfty or tewn)	Name of operation Deta of What test confirmed diagnosis? Was there an autopsy?		
15. MAIOEN NAME Mary Lassas Atto.	23. If daath was due to axternal causas (VIOLENCE) fill in also the following:		
15. MAIOEN NAME Mary Laure Stille 16. BIRTHPLACE (city or town) Mary Laure (Chata or country)	Accident, suicide, or homicida? Date of injury19		
State or country)	Where did Injury occur?		
17. INFORMANT Shin of Ortacey (Address) Freeland R. 100	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury		
Place Courville Ml Date Sefet 4, 1932	Nature of injury		
19. UNDERTAKER John J Tracer	24. Was disease or Injury in any way related to occupation of daceased?		
(Addrass) Feland III .	If so, specify		
20. FILED Sep. 8 , 1922 Samuel & Miller	(Signed) Aufagel M.D.		

Registrar.

(Addrass) Mel He rederie Va

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		G3M3935	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	
y it.	20	t o	
ver	AN	men	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 69706
1. PLACE OF DEATH	(131)
County Baltimore	Registration Dist. No. 32
Village or City Pskesville, MA	No. Confederate doldiers stomeward death occurred in a hoppital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Theophilus Junia	1613 Rollowash.
(a) Residence: No. (Usual place of abode)	St. Ward. Baltimore Mo If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Wilson Junis	22. I HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year) Felv. 5, 1842	I lest saw ham alive on Super 16 1937 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
90 7 // 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Confederate Saldiers SAW MILL, BANK, etc.  10. Date dacased last worked at this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this occupation (month end this oc	Ohrone nephrelis
year) Lug 1920 occupation	Dther Contributary Causes of importance:
(State or country)  12. BIRTHPLACE (city or town)  (State or country)  Manylank,	Jenila deginnoleon
13. NAME John Fansel Junis	
13. NAME John Hansel Junia  14. BIRTHPLACE (city or town) Pennsylvania  (State or country)	Name of operation Data of Was there an autopsy?
15. MAIDEN NAME Georgianna Louis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Georgianna dome  16. BIRTHPLACE (city or town) Valhal County  (State or country) Manyland.	Accidant, suicide, or homicida?
17. INFORMANT Matte M. Lucies (Address) Pikesyelle md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL  OLIGINATION DR REMOVAL  Date Deft 18, 1932	Manner of injury
19. UNDERTAKER Charg. J. Black avac 13el	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Safel 17., 1932 Jack Esta Jackel Registrar.	(Signad) M.D.  (Address) Puscesville Made

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 V EASTERS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RINDIN

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V. S. No.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epileps 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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	OF MARY	YLAND—	CERTIFICATE OF DEATH	1001
1. PLACE OF DEATH			14	1 3
County Baltimor			Registration Dist. No. 20	
Village or City WOOGLAW	n	(1)	No. 4 Gwynndale Road St., death occurred in a hospital or institution, give its NAME instead of street and nur ds. How long in U.S. if of foreign hirth?	mber)
Langth of residence in city or town who	re death occurred	mos	ds. How long in U.S. if of foreign birth? yrs mos.	40
2. FULL NAME Ma.				1 6
(a) Residence: No. 4 Gwy	nndale Ave.	Woodlawn	St., Ward.  If nonresident give city or town and S	A C
PERSONAL AND STATE			MEDICAL CERTIFICATE OF DEATH	10
3. SEX Female 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED Marri	(write tho word)	21. DATE OF DEATH  September 29  (Month) (Day)	198 2 (Year)
5a. If married, widowed, or divorced HUSBANO of Jay R	. Utts		22. I HEREBY CERTIFY, That I attended de	
6. DATE OF BIRTH (month, day, and year) $\overline{F}$	ebruary 26,	1893	I last saw h_@r alive on, 19,	death is
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at	1
39 7	3	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data fons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewi	fe	Jan Porsoning	0/1
9. Industry or husiness In which			( ) · · · · · · · · · · · · · · · · · ·	1
U 10. Date decaasad last worked at	At Hom		( Luicidal) /	XX
O this occupation (month and year)	span ocau	me (years) it in this pation	/ 17	A
12, BIRTHPLACE (city or town) Ba	ltimore	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Other Contributory Causes of importance:	
1	ryland		/ 0	1/2
I	eph Ludwig		Not !	
14. BIRTHPLACE (city or town)			Name af operation Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data of Data	
(State of country)	<u>Germany</u> len Heim	/	What test confirmed diagnosis?	topsy7
15. MAIDEN NAME Magda 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	19
(State or country)	Maryland	1	Where did injury occur?	
17. INFORMANT Miss Magdale (Address) 676 Colerain			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE  The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	DE.
18. BURIAL, CREMATION OR REMOVAL	n.0/20	Stirst	Manner of injury	
Place ALLY Coasses	Pate	18/1,1932	Nature of injury	
19. UNDERTAKER	(00)1		24. Was disease or injury in eny way related to occupation of deceased?	20
(Address) 100% N. Bal	Inore St.	4.1	If so, specify due to was	el m
20. FILED 7/30 1932	Huyar	esc	(Address) LOOP CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTRO	1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE :	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No.	N. B.—	7
		Sept.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09709
1. PLACE OF DEATH	(16)
County Battmorp	Registration Dist. No. 30
Village or City Oella	No. 51 Oella ang St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Vernon Wagne	~
(a) Residence: No. 51 Oella ave	St. Ward.
(d) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)	21. DATE OF DEATH September 9 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) MITTOI Eldorada Wagus	22. THEREBY CERTIFY That I attended deceased from Cepternly 6, 19 82, to September 9, 19 82
6. DATE OF BIRTH (month, day, and year) une 7. 1882	I last (aw h m alive on Defot 19, 1982, deeth is said
7. AGE Years Mopths Days If LESS than	to have occurred on the date stated above, at 630 Pm.
51 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spend In this spend In this program of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the s	Carcinoma & Stomach when
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) year)	
21. 8	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME GASTAN MASSE	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Symptomatwasthere an autopsy? Put
15. MAIDEN NAME Slizable Dielson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19,  Where did injury occur?
17. INFORMANT. Eldondo mague	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Musica Mapade 1/1 1986	Neture of Injury
19. UNDERTAKER Complet allowers	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED E/10, 1931 All Registrar.	(Signed) Alpha N. Alerbert M. D. (Address) Ellert Cit Sud
N. Charles	2411 N. Charles Street. Baltimore. Requesting T. S. No. v.

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	Example I	1	Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial n	ephritis	1921	Run over by street ear	1 week ago 3 days ago	
Cerebral hemorrhage	OCT 5 1932	July 5,1927	Peritonițis ,		
	ETIREAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				MI 1150 TEL	

E.

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	9	6	J.	U

(82-0)	
County Baltimore Registration Dist	t. No. 30
Village Dr City Catonsville ND. Summit Avenu (If death occurred in a horpital or institution, give its NAME instance of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the cour	stead of street and number)
2. FULL NAME Matilda Ward	
(a) Residence: No. Summit Avenue, Catonsvillse, Ward.	
(Usual place of abode) ff nonresident give	city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE O	OF DEATH
Female White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIGOW (Month)	(Day) (Yeer)
5a. If married, widowed, or divorced	That Lattended deceased from
6. DATE OF BIRTH (month, day, end year) June 25, 1862 I last saw h. Accalive on 1967	19 3 ; deeth Is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	04
70 2 6 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	f Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spiral in this securation (month and spiral in this securation (month and spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in this spiral in	3da
work was done, as SILK MILL, SAW MILL, BANK, etc.	gaig
year) occupation occupation	
12. BfRTHPLACE (city or town)  (State or country)  Baltimore  Maryland  Other Confributory Canada Importance:  Maryland	mesher
置 13. NAME Krickland	Veider
13, NAME	Date of
15. MAIDEN NAME Not obtainable 23. If death was due to external causes (VIOL ENCE) fill in	
16. BIRTHPLACE (city or town) 1	
17. INFORMANT Miss Katharine W. Ward Specify whether injury occurred in INDUSTRY, In HDME, (Address) Summit Ave., Catonsville	on, county and State) , or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date 9/3 , 1932 Nature of injury	
19. UNDERTAKER Wesley W Mears & Soc 24. Was disease or injury in any wey related to occupation (Address) 805 Mt Colored St., If so specify	n of deceesed?
20. FILED Signado (Address) (Address) (Address)	20401

If more blanks are needed, address Say Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Land or comment					
Other contributory causes of importance:	LEO PORT BUILD	Other contributory causes of importance:	Schaps of		
Gallstones	May 1,1923	Gastroenteritis	1 year		

B

(If death occurred in a horpital exanstitution, effects NAME instead of street and number)  Length of residence in city or fown where death occurred of yrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH U9711
Village or City.  Langth of residence in city or jown where death occurred. 6.0. yrs.  Langth of residence in city or jown where death occurred. 6.0. yrs.  A. Bowledge of meret and number)  The manufacture of the city of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	1. PLACE OF DEATH	(46)
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Langth of residence in city or jown where death occurred to A. yrs		No. 37 Alleghand for st war
2. FULL NAME  (a) Residence: No. 1  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR/BACE  OR DIVORCED Furither boword)  SI I marriad, widowed, or divorced for horizon to first the process of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the particular of the parti		death occurred in a hospital or institution, sire its NAME instead of street and number)
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20. FILED Sept 3, 1852 At 1. Butter (Signed) Hunt Seller P. M. 1. M. (Address) Say San Luly.		
		(Signed) WWW Siller P. A. M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDI

FOR

MARGIN RESERVED

V. S. No.

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Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HILKSAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING
H UNFADING INK--THIS IS A PER NENT RECORD WRITE PLAIN WITH UNFADING INK--THIS IS A PER

V. S. No. 1

C	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	age or City Riderwood (No. 2)	Registration Dist. No. St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH Seft. 9 , 193
6 DA	ATE OF BIRTH FILL 13th, 1860 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased of the last saw has alive on Sept. 9, 1932
7 AG	GE If LESS than	and that death occurred on the date stated above, at 1990. The CAUSE OF DEATH * was as follows: Tulinunay Congression
(a) pa (b) bu wh	Trade, profession or fourth Mife  Office of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	Chry Sclem  Chry Sclem  Chry Strict on Majordes  Contributory Afric Sclem  Secondary 4 14 100 100 100 100 100 100 100 100 10
	10 NAME OF John Cloters  11 BIRTHPACE	(Signed) B. H. Bussey  Set 10 1902 (Address) Jaguer M.d.
PA	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the lisease Causing Death, or, in deaths free Pviolent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)  At place In the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, with the State, wit
1	(State or Country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, if not at place of dea.h?  Former or usual residence
15	(Address) Reclarivood.  Filed Fieb 9 1922 Was to Registral	20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

· Lired 6 whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm luborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The If the occupation has been changed (b) Grocery; material

Statement of Cause of Death—Name, first, the Dis-EA E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dippsy," "E:haustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of as fracture of skull, "Atrophy," "Collapse, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic and consequences (e.g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature of the need not be Measles ; disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA-

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1.	-	4	- 1
10	9	A	1	4
U	U	-00	-	0

1. PLACE OF DEAT	ГН			(50)	
County	Baltimore			Registration Dist. No.	8
Village or City Towson, Maryland				No.Sheppard and Enoch Pratt Hossits	1 Ward
Length of residence in cit	ty or town where dea	ath occurred	5 yrs 10 mos	death occurred in a horpital or institution, give its NAME instead of street and r	iumber) osds.
2. FULL NAME	Mrs. Loui	se Aust	in Yost		0
(a) Residence: No		(Usual place	of abode)	St., Ward Llencoe Dallem  If nonresident give city or town and	State
PERSONAL AN	D STATISTIC			MEDICAL CERTIFICATE OF DEATH	
	R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) Cried	21. DATE OF DEATH September 14, (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divo HUSBAND of (or) WIFE of Dr. W	ced . McLean	Yost		22. I HEREBY CERTIFY, That I attended of November 14, 19 25 to Sept. 14,	
6. DATE OF BIRTH (month, day	and year) May	5, 1859		Hast saw h.er alive on Sept. 14, 1932	: death is said
7. AGE Years 73	Months 4	0ays	If LESS than  1 day,hrs.	to have occurred on the date stated above, at3pem.  The PRINCIPAL CAUSE OF DEAT11 and related causes of importance were as follows:	
8. Trede, profession, or pa	as SPINNER.			Carcinoma of breast with probable	Oats of onset
SAWYER, BOOKKEE  9. Industry or business in	PER, etc	Hous	sewife	metastasis to the lung.	a year
Work was done, as S SAW MILL, BANK, e	ILK MILL,				ago.
10. Date deceased last wor this occupation (more year)	th and	spa	ime (years) nt in this upation		
12. BIRTHPLACE (city or town). (State or country)	New Je	rsey		Other Contributory Courses of Importance: Psychosis with Arteriosclerosis	about
13. NAME Edward	Austin			Arteriosclerotic Heart Disease.	1920
13. NAME Edward  14. BIRTHPLACE (city or to	wn) Mary	land		Name of operation Date of	
(State of country)	Manu Ma			What test confirmed diagnosis? Was there an a	utopsy?DQ
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	Mary Mo	York Cit	y	23. If death was due to external causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide?	
17. INFORMANT HOST (Address)	oital Reco	rds		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	(CE.
18. BURIAL, CREMATION, OR R		Date Soy	belle 1930	Manner of injury	
19. UNOERTAKER Home	Bell	5 200	cf	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Soft 14, 1	25 Am	P. But	ter Det Def Registrar.	(Signed) Asserting Pattrell,  (Address) Powson, Maryland	M. D.
	If more bla	anks are needed, a	add ss State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
6				
Other contributory causes or importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
1 A 10 CC				

	RE		Exs	
MARGIN RESERVED FOR BINDII	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	nation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa	ite.
FOR	IS A 1	stated	proper	IION is very important. See instructions on back of certificate.
3	IIS	be	be	Jo
120 V	K-T	plnoy	may	back
	Z	E	at it	no :
2	DING	AG	so tha	ctions
AKGI	UNFAI	pplied.	terms,	instru
	ITH	Illy su	plain	. See
	M	refu	i.	ant
	INLY,	be ca	EATH	import
	PLA	hould	OF D	very
	TE	n s	SE	is
-	WRI	natio	CAUS	LON

1	STATE (	OF MARY	LAND-	CERTIFICATE OF DEATH	09715	
1. PLACE O	F DEATH			(73)	2	
County Dallemoni				Registration Dist. No. 3		
Village or	city whit	estall		No.  death occurred in a hospital or institution, give its NAME instead of str	St., Ward	
Length of re	sidence In city or town where	death occurred	yrs7mos			
2. FULL NA	ME Frank	3ure	ch			
(a) Reside	nce: No. Pa	(Usual place of	f abode)	St., Ward.  If nonresident give city or to	wn and State	
PERSOI	NAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	TH	
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	LED, WIDOWED, (write the word)	21. DATE OF DEATH  (Month)  (9Day)	. 1932— (Year)	
5a, If married, wido HUSBAND of (or) WIFE of	Katherm	- Furio	h	22. I HEREBY CERTIFY, That I a		
6 DATE OF RIRTH	(month, day, and year)	10.1	891		9; death is said	
	ears Months	Days	If LESS than	to have occurred on the date stated above, at		
4	9	9	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importan were as follows:	Date of onset	
8. Trade, prof	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc.	Barba	v	Hundered. Fin shot wound	Date 01 011001	
SAW M	business in which as done, as SILK MILL, ILL, BANK, etc					
O this occ	upation (month and		ne (years) I In this pation	Other Contributory Causes of importance:		
12. BIRTHPLACE (						
(State or co	untry) Oak	and				
13. NAME	Stanly Ze	male				
I4. BIRTHPLAC	CE (city or town)	oland.			ate of	
	21 - 1	1 -		What test confirmed diagnosis?		
E	CE (city or town)	~		7	SAX19,1932	
State of	or country)			Where did Injury occur? Pretty Bay Day 75		
17. INFORMANT	Katherin	e Zure	ólu	(Specify city or town, county Specify whether injury occurred in INDUSTRY, In HOME, or In PUE	and State) BLIC PLACE.	
	ATION, OR REMOVAL	etpate Sep	+22,1932	Manner of injury Leve Alex words	<b>L</b>	
19. UNDERTAKER (Address)	Pmarke	ine & Le	n.	24. Was disease or Injury in any way related to occupation of decea	sed?	
20. FILED SEL	8.12. 19.32 m	Juluer B	Registrar.	(Signed) Wares Cuderson (Address) White Hall	Coroner. D.	
V	IC	. North and model of		and Challes and David and Chall		

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